



Animal Hospital and Boarding Kennel

10441 Orange Drive, Davie, FL 33328
Phone: (954) 473-0192 - Fax: (954) 476-0173
www.CamelotAnimalHospital.com

BOARDING AUTHORIZATION

Owner's Name _____ Pet's Name _____

Species _____ Breed _____ Sex _____ Color _____

I understand and agree to the following ****Please read and initial each section****

____ I certify that I own the animal described above and I do hereby consent, authorize, and accept financial responsibility for the veterinarians of Camelot Animal Hospital to examine and to administer any vaccinations, medications, tests, surgical procedures or treatments that the doctor or the doctor's associates deem necessary for the health, safety, or well-being of the above animal while under the doctor's care and supervision. If my animal should injure itself during its stay or in an escape attempt, refuse food, urinate or defecate on itself or become ill or die while boarding, I will hold Camelot Animal Hospital and its veterinarians and employees free of any responsibility and/or liability in the absence of gross negligence, or in the event of a natural disaster.

____ I understand that if the examining veterinarian diagnoses or treats any problem or illness, a fee as well as a fee for any medications or treatments, will be charged after receiving my, or my emergency contact's, permission, except in the case of intestinal parasites. If we are unable to reach you or your emergency contact, we will administer medications based on doctor's judgment that it is medically necessary. There is a minimum treatment charge of 2.00 per dose for each medication administered or 6.00 per day, whichever is less. If a technician is needed to administer medication because of health or behavior issues, there will be a charge of \$15 per administration.

____ **Full payment of all total charges will be due at the time of drop-off.**

____ I am confirming that my pet is current with **all vaccinations and current with a flea and tick preventative. Canine guests must have proof of DA2PP, Rabies, 1 or 3 years; Bordetella, 6 months or 1 year. Feline guests must have proof of FVRCP and Rabies.** In the event that there is no proof of vaccinations, Camelot Animal Hospital staff will administer the necessary treatments. Additionally, if your pet is found to have fleas or ticks, he/she will be treated with an oral preventative (canine) or topical preventative (feline).

____ If my dog cannot hold its bladder or bowels, even with the 3 or more walks that all Camelot boarders get, he/she will receive hygiene baths as medically necessary for an additional charge.

____ My pet will be given a fecal test on the day of arrival for boarding and if my pet tests positive for any intestinal parasites, treatment will be administered as deemed necessary by the doctor for an additional charge.

____ If at any time during my pet's stay it is determined by the doctor that my pet is aggressive towards hospital or kennel staff, I will be notified and make other arrangements for the care of my pet. If at the time I am notified, I am unable to make alternative arrangements, I will incur a double boarding fee, that is twice the nightly value I was quoted, for each night that my pet remains at Camelot Animal Hospital.

____ During peak seasons as defined by summer, spring break, and holidays, if I am unable to pick up my pet at the end of my reservation and I am unable to make other arrangements, I will incur a double boarding fee, that is twice the nightly value I was quoted, per night.

____ If my pet exhibits severe anxiety (such as unrelenting barking, digging/gnawing on cage, etc.) and poses a threat of injury to himself/herself or is disruptive to other animals, I give my permission to sedate my pet at the medical discretion of the doctor to the extent necessary to calm him/her while boarding.

____ I realize that my animal will be discharged only after 10:30 AM in order to give clinic staff ample time to feed, walk, and bathe my animal as needed.

____ I understand that I must drop my pet/s off no later than **5:30 PM on Mondays, Tuesdays, Thursdays, and Fridays, or 12:30 PM on Wednesdays and Saturdays.** I UNDERSTAND THAT IF MY PET IS NOT PICKED UP BY 12:30/5:30 PM ON THE DAY OF DISCHARGE THERE WILL BE AN EXTRA DAY CHARGE AND/OR A \$15 LATE PICK-UP/DROP-OFF FEE AND THAT ALL FEES MUST BE PAID IN FULL BEFORE MY PET IS RELEASED.

____ If I neglect to pick up my pet on the scheduled dismissal date, Camelot Animal Hospital may exercise its lawful rights upon ten (10) days written notice by delivering such notice via mail to Owner's address. **A pet that is unclaimed at Camelot Animal Hospital for ten (10) days beyond its scheduled discharge date is considered abandoned and will become the property of Camelot Animal Hospital and we will be authorized to release the animal to Broward County Animal Control or other adoption agency.** Every effort will be made to contact Owner if abandonment becomes an issue.

____ I understand that if for any reason my pet is not going to be picked up on the scheduled dismissal date, I am responsible for contacting Camelot Animal Hospital to make arrangements to extend my pet's stay and will pay the additional charges based upon the aforesaid daily rate.

____ I further realize that in the event that I fail to pay any fees due, I will be liable for the reasonable cost of collection, including collection fees, court costs and reasonable attorney's fees.

____ The emergency names and phone numbers that I have entered below are my own and others who are authorized by me to make life and death decisions for my pet if deemed necessary by the doctors or staff of Camelot Animal Hospital, and I assume all financial responsibility for these decisions.

Signature: _____ **Date:** _____

Emergency Contacts:

Contact: _____ **Cell:** _____ **Phone:** _____

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Contact: _____ **Cell:** _____ **Phone:** _____