Miami Acres Animal Hospital
Boarding Agreement

Drop off Date: _____ Pick up Date: _____ Pick Up Time: _____

Pet Names: _____ , _____, _____, _____

Are vaccines current? (to include, Rv, dist combo, bord, hwt and fecal). Yes_____ No_____
* Proof of Vaccines will be required to set up a reservation.
Is your pet current on flea/tick prevention? Yes_____ No_____
*If there are any signs of parasites found on your pet, we will treat as such and you will be charged accordingly.
Has your pet shown any aggression to anyone before? Yes_____ No_____ We do not board any animals that show any aggression tendencies.

NO PETS WILL BE RELEASED DURING ANY MAJOR HOLIDAYS.

Please tell us how you feed your pet, how much and how often:

Pet	Food	How Much?	How Often?

Does your pet need medication while here? Yes_____ No_____
***There is an additional charge of $4.50 per day per pet when adding medications.**

Pet	Medication	How Often/How Often?	Given Today?
			AM PM
			AM PM
			AM PM
			AM PM

Would you like any additional services while here?
Exam: _____ Bath:_____ Nail Trim:_____
Other:_____
Release:
I am the owner or caretaker of the pet(s) and am over 18 years of age. I have read the above information and I assume the responsibility and authorize Dr. Jason Johnston to treat my animal if he/she will become ill or injure himself/herself while boarding. If such occurs, your pet will be examined, treated and you will be charged for treatment. Initials_____. I understand full payment is required when pet is picked up. Initials_____. Please know if your animal requires insulin there is an additional charge for diabetics of $12 per day. Initials_____.

Signature of Owner/Caretaker: _____ Date: _____/_____/_____

Emergency Number where you can be reached TODAY: (_____) _____- _____