Miami Acres Animal Hospital Boarding Agreement

Drop off Date:	Pick up Dat	e: Pick Up Time: _	
Pet Names:	,	·	
* Proof of Vaccines will be : Is your pet current on flea/ *If there are any signs of par	required to set up a resertick prevention? Yes_asites found on your pet gression to anyone before		ill be charged accordingly.
NO PETS	WILL BE RELEASEI	D DURING ANY MAJOR HOI	LIDAYS.
Please tell us how you feed	your pet, how much ar	nd how often:	
Pet	Food	How Much?	How Often?
Does your pet need medica *There is an additional chathan 3).		No er pet when adding medications	(up to 3, \$12 for more
Pet	Medication	How Often/How Often?	Given Today?
			AM PM
	_		AM PM
			AM PM
			AM PM
Would you like any additio Exam: Other:	Bath:	Nail Trim:	
Release: I am the owner or caretaker and I assume the responsibi or injure himself/herself wh charged for treatment. Initia	of the pet(s) and am ovelity and authorize Dr. Joile boarding. If such ocals I understan	ver 18 years of age. I have read a ason Johnston to treat my anima curs, your pet will be examined, and full payment is required when as insulin there is an additional co	al if he/she will become ill treated and you will be pet is picked up.
Signature of Owner/Caretaker:			:/
Emergency Number where v	ou can be reached TOD.	AY: (