

LAKE HOWELL ANIMAL CLINIC  
856 Lake Howell Road, Maitland, FL 32751  
Ph: 407-628-8000



**BOARDING AGREEMENT**



**Owner's Name:** \_\_\_\_\_ **Emergency Contact Number:** \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_ **Breed/Color:** \_\_\_\_\_

**Veterinarian or Clinic Name for vaccine history (if other than LHAC):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Check-in Date:**            /            /            **Check-out Date:**            /            /            **Check-out Time:**            **AM / PM**

I understand that it is required for my pet to be up-to-date on the following vaccines: (for dogs) Rabies, DHPPC, and Bordetella; (for cats) Rabies and FDRC. If my pet is not a regular patient at LHAC, I have provided a vaccine record proving they were administered. If my pet is not up-to-date on the required vaccines, I understand that the vaccines must be administered with LHAC. **Initial** \_\_\_\_\_

Although it is not required for boarding, I would like my pet to get a Heartworm Test \_\_\_\_\_ and/or Fecal Test \_\_\_\_\_, to check for intestinal parasites, in addition to the required vaccines.

In case of illness or injury, I, the undersigned, do hereby give my consent to Lake Howell Animal Clinic to provide treatment for medical problems or emergency surgery for my pet(s) while they are being boarded. **Initial** \_\_\_\_\_

LHAC will provide reasonable precautions against illness, injury, or escape of my pet(s), but LHAC will not be held liable, as it is thoroughly understood that I assume all risks. **Initial** \_\_\_\_\_

I understand that LHAC does not like to accept personal items as they often are soiled, lost or destroyed. I understand that if I decide to leave any of my pet(s) belongings, including leash/collar, blankets, toys, etc., I may not get them back. **Initial** \_\_\_\_\_

I understand that if I am a **NEW CLIENT** that I am required to pay at least a 50% deposit at the time of dropping off my pet for boarding fees payable in cash, by credit card or through electronic checking. **Initial** \_\_\_\_\_

Should circumstances arise that I cannot pick up my pet(s) on the date that I have stated as the pick-up date, I will notify LHAC if an extended stay will be needed. I understand that I may be asked to leave an additional deposit over the phone at that time. If I do not provide notice and my pet remains unclaimed for seven (7) days after the stated pick up time, it will be considered abandoned and Animal Services will be contacted to take over care of my pet(s). **Initial** \_\_\_\_\_

**\*\*It is further understood that such action WILL NOT relieve me from paying all costs of your service and the use of your hospital, including the cost of any and all medical, boarding, and/or grooming services. Initial** \_\_\_\_\_

I understand that regular drop off / pick up times are as follows: Monday, Tuesday, Thursday & Friday from 7am-5pm; Wednesday from 7am-1pm and Saturday from 8am-1pm. Pets cannot and will not be released on Sundays. I understand and agree that I will be charged an additional \$25 late fee if I pick up my pet after 5pm or 1pm, based on the times stated above. **Initial** \_\_\_\_\_

I understand a **BATH** is recommended (for dogs) upon exit from the boarding facility for an additional fee, and I authorize LHAC personnel to bathe my pet(s). If I refuse this service, I assume complete responsibility for the condition of my pet(s).

**Accept** \_\_\_\_\_ **Refuse** \_\_\_\_\_ (If accepted please pick up on check out day AFTER 2PM on Monday, Tuesday, Thursday and Friday & AFTER 11AM on Wednesdays and Saturdays to allow pet to dry)

I understand that if my pet(s) requires **MEDICATION**(s). I will be charged an additional \$4 fee per night. I understand that if my pet is diabetic, there will be an additional \$6 fee per night. **Initial** \_\_\_\_\_

I understand that my pet must be on flea/tick prevention to board at LHAC. If my pet has fleas or ticks upon arrival, I authorize LHAC to treat my pet with either oral or topical products. This will be an additional charge of up to \$25. **Initial** \_\_\_\_\_

I understand that during the following **HOLIDAYS** there will be an extra holiday charge of \$7 per night, these holidays include Easter, Memorial Day, Independence Day, Labor Day, Thanksgiving, Christmas Eve/Christmas and New Years Eve/New Years Day.

**Initial** \_\_\_\_\_

**I, THE UNDERSIGNED, HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE BOARDING AGREEMENT**

\_\_\_\_\_  
**Signature of Owner/Representative of Owner**

\_\_\_\_\_  
**Date**