



Client Name: _____ Pet Name: _____

BOARDING POLICIES

We use over-the counter food for feeding kenneled pets at no additional charge. If your pet is on a special diet or a finicky eater, please bring enough food for their stay.

If your animal is not picked up by end of business day, you will be charged for an additional night of boarding. **Initials** _____

-SUNDAY PICK UP are available. Prepayment for the entire invoice is required for Sunday pick up. Sunday pick up is between 5-6 pm ONLY. A phone call to the kennel attendant 1 hour PRIOR to pick up must be made for pet to be released as the building is locked and the attendant is caring for boarded animals during their shift. A \$12.00 charge applies for the convenience of SUNDAY PICKUP. **Initials** _____

We will take every reasonable precaution to protect your pet, and will treat injuries that may arise however; we are not responsible for injuries that occur while your pet is boarding with us. **Initials** _____

-BLANKETS/BEDS ARE NOT PERMITTED IN KENNEL. We do not allow personal bedding in the boarding area due to the possibility of ingestion leading to significant medical issues. We are able to monitor the type of bedding we provide to ensure the safety of your pet(s). If you brought bedding with you today, please take it home so we do not misplace it. **Initials** _____

-ALL PETS ARE GIVEN CAPSTAR (24hr. flea treatment) to prevent an outbreak of fleas in our kennel and to reduce the risk of your animal getting them while here. There will be a charge for the flea treatment of up to \$10.00. **Initials** _____

-MEDICAL TREATMENT/EMERGENCY HOSPITALIZATION. If your pet requires diagnostic test and/or medical treatments including overnight observation at an Emergency facility, attempts to contact you will be made. Florida state law requires us to treat your pet while they are in our custody. APPLICABLE TREATMENT FEES WILL APPLY. **Initials** _____

-EXAMS/MEDICATION POLICY An exam within the last 12 months is now required for all patient's boarding at Brandon Lakes. This is to ensure that all patients are receiving the best quality care while in our facility. Any patients on **medication** while boarding 3 nights or less be subject to one CVT exam (\$10) upon entry to the kennel; 4 nights or more are subject to one CVT exam at entry and one upon exit. The fee to administer medications is \$7 per day. **Initials** _____

I ACCEPT AND UNDERSTAND THESE POLICIES:

Signature of owner: _____ **Date:** _____

*This form is valid for 6 months from above date.



Client Name: _____ Pet Name: _____

Boarding dates: From _____ to _____

BOARDING INFORMATION

Food: Brand _____

Dry Amount: (Circle one) ¼ cup ½ cup 1 cup 2 cups 3 cups Other: _____

Wet Amount: (Circle one) 1 can ½ can ¼ can Other: _____

Frequency: (Circle one) Once (AM or PM)/Twice or Free Range

Does your pet have any specific dietary needs or allergies?

Would you like anything addressed by a veterinarian while boarding? Yes _____ No _____

***Exam fee applies and treatment plan must be signed**

Belongings: _____

Additional Instructions:

Would you like your pet to have a bath while boarding. **There is an additional fee for this service.**

Bath request (dogs only): Yes _____ No _____

(Includes Bath, NT and ear cleaning- done night before pick up)

Nail Trim Only: Yes _____

Signature of owner: _____

Emergency Contact: Name _____ Phone _____