



PET RESORT CHECK IN

Pet(s) Name:

Best number to reach you: **(If you have moved recently, your updated address as well please.)*

Belongings:

Feeding Instructions:

Medications:

Temperament: ___ Dog friendly ___ Dog aggressive ___ Food aggressive ___ Toy aggressive ___ People aggressive

TLC's: *Additional Fees Apply*

___ Playtime: Times per day - ___ 1 Time ___ 2 Times ___ 3 Times **(VIP SUITES ALREADY INCLUDES 3 TIMES.)*

___ Nail Trim

___ Grooming **(Be sure to check with reception for available appointments.)*

___ Anal Gland Expression

___ Treadmill

___ Raised bed – **(Please note if your pet is staying in a VIP, Penthouse, Executive they will be provided a raised bed that is included in price. However, if your pet destroys the bed you will be charged the amount of \$40.00. If your pet is in a mini suite you may purchase at an additional \$2.50/day. Please notate option below.)*

Agree DO NOT give my pet a raised bed Please add to mini suite

Medical Treatment:

In the event I cannot be reached. I authorize up to \$100 for medical treatment that a Veterinarian deems necessary, should anything arise during my pets stay. Initials

In the event I cannot be reached authorize up to \$500 for emergency treatment that a Veterinarian deems necessary, should a life-threatening emergency arise during my pets stay. Initials

****REMINDER, CHECKOUT TIME IS 3 PM. THANK YOU FOR YOUR UNDERSTANDING.***

****A \$25 FEE PER DAY WILL BE ATTACHED IF PET IS NOT PICKED UP AS SCHEDULED WITHOUT INFORMING OUR OFFICE.***

Signature: _____ **Date:** _____

If the pet(s) is/are to be picked up by someone ***other than the owner***, arrangements must be made with the hospital

regarding pick up and payment.

INITIALS: _____

If the expected discharge date is changed for a later date, notification and arrangements **HAVE** to be made. If **NO** communication is made and the pet is not picked up within 10 days of expected discharge date, they will be considered abandoned. Boca Park Animal Hospital is then given the right to handle the pet as deemed best.

INITIALS: _____

BPAH will exercise reasonable care of the pet during its stay. The owner does acknowledge and he/she understands that their dog will co-mingle with other dogs and the risk associated with it. Although we provide reasonable supervision, dogs may escape, injuries can occur, and transmittable diseases may happen. In consideration of these services, owner expressly waives and relinquishes any claims against BPAH, its officers, owners, employees and agents, relating to services provided pursuant to the owner’s dog, and further agree to indemnify BPAH against all such claims.

INITIALS: _____

BPAH allows cage-free daycare to the maximum extent possible, however if for any reason due to behavioral issues BPAH reserves the right to isolate any pet(s) to ensure the safety of all. In addition, there will be no refund due to owner for unforeseen occurrences.

INITIALS: _____

Medications are an additional charge of \$2.50 per medication / per day for administration.

Diabetics are an additional charge of \$4.50 per injection.

INITIALS: _____

DROP OFF/PICK UPS ARE DURING THE FOLLOWING HOURS ONLY: **(Please note this EXCLUDES holidays that we are closed.)*

Monday- Friday: 6:30 am - 7:00 pm

Saturday: 8:00 am – 6:00 pm

Sunday: 8:00 am - 5:00 pm

****CHECKOUT TIME IS 3PM. ANOTHER NIGHT WILL BE CHARGED AFTER THIS TIME.***

****MUST HAVE WRITTEN PROOF PRIOR TO OR SAME DATE OF BOARDING OF UP-TO-DATE VACCINES AND FECAL. ADDITIONALLY, ANY PETS INTERACTING WITH OTHER ANIMALS MUST BE SPAYED OR NEUTERED.***

INITIALS: _____

By signing below, you agree and understand the policies listed in this Release Form. You also authorize Boca Park Animal Hospital to care for your pet during their stay with us and you accept all financial responsibility for any and all charges incurred during your pet’s stay. Thank you for choosing our team to care for your pet.

Signature: _____ Date: _____

Due to high demand, there will be a 15% increase in prices for boarding during holiday periods, and we also require a 50% deposit at the time of reservation. This deposit may be refundable with a 48 hour prior notice. These dates are available upon request with one of our Client Care Coordinators.

Financial Policy: By signing below I assume full fiscal responsibility for any treatment my pet receives. I understand that FULL payment is due at the time services are rendered. I also understand that a deposit of 50% or higher is required for extensive services and hospitalized patients with FULL payment at discharge from the hospital. Any balance that is unpaid will be billed to me at 30 days, if not paid within 14 days the balance will be forwarded to Boca Park Animal Hospital’s collection agency, and I will incur a 35% collection fee for which I am liable, in addition to monthly finance charges. If Boca Park Animal Hospital collection agency must pursue court action I will be liable for court costs and attorney fees. Boca Park Animal Hospital does not except payment plans, please ask about other payment options.

Signature: _____ Date: _____