



# ANIMAL HOSPITAL OF BONITA

8830 EMERALD ISLE  
BONITA SPRINGS, FL 34135  
239-947-3447

Boarding is provided by our clinic as a service to our clients. Reservations are required. Reservations should be made in advance. For the safety of all pets in our care we require all vaccinations to be up to date.

- Dogs are required to have a current Rabies vaccine, DHLPP vaccine, an annual parasite check, a yearly heartworm test, and a Bordetella vaccine within the last 6 months.
- Cats are required to have a current Rabies vaccine, FVRCP, an annual parasite check, and a Bordetella vaccine within the last 6 months.
- If your pet requires vaccinations, we need to perform an examination. Vaccination record must be on record here or verified with another veterinarian.

### RATES PER DAY SUBJECT TO CHANGE

Dogs: Small - \$31.50 (<20lbs)	Medium - \$35.70. (21-40lbs)
Large \$39.90 (41-100lbs)	X Large - \$42.00 (>100lbs)
Cats: \$26.25	

Ask about birds, small mammals, aquatics, reptiles.

**Boarding Date your pet is staying** \_\_\_\_\_

Would you like your pet to have a bath?      Y      N

If yes, I would like my pets bath done:

Day before pickup \_\_\_ (we do not give baths on Sunday if pick up is on Monday)

Day of pick up \_\_\_ (we request you pick up after 12pm to allow staff time to bathe and dry your pet)

**DAYS BOARDED INCLUDE THE DAY THE PET COMES IN AND THE DAY THE PET GOES HOME, REGARDLESS OF THE TIME OF DAY.**

Hills/Royal Canin dry food is provided for your pet during their stay at no additional charge. If your pet is on a prescription diet, please bring it in with them, or it will be dispensed at regular charge. Please bring in your pets medication with them. **Boarders with up to 2 treatments will require an additional \$3.00 medicating fee per day.**

**Boarders with 3-4 treatments will require an additional \$5.00 medicating fee per day.**

### DAILY FEEDING INSTRUCTIONS

\_\_\_\_\_

### DAILY MEDICATING INSTRUCTIONS

Monthly Heartworm and Flea Prevention \_\_\_\_\_

**If your pet is not on flea prevention a Capstar will be given at owner expense. This is to insure all pets in the boarding facility are free of external parasites.**

HEALTH CONCERNS – Does your pet have any conditions we should be aware of?      Y      N

If Yes please explain \_\_\_\_\_

Any additional services? \_\_\_\_\_

All animals are checked in and out by a Veterinarian or Technician. Please allow time for this. If external parasites (fleas, ticks) are present, he/she will be treated at the owner's expense. If the pet soils themselves excessively during boarding, they will be bathed at the owner's expense.

Should your pet become sick or injured during the stay, they will be treated by the doctor. We require an emergency contact phone number where you can be reached in case of emergency. We make every effort to ensure that all our rates are fair and reasonable. We will try to care for the toys, bedding and belongings, but can not be held responsible for them.

**DISCLAIMER:** By consenting to this form, the owner understands and agrees to the risks associated by boarding patients with special needs, weakened immune systems, elderly or terminal patients, or patients with pre-existing conditions. In the rare occasion that a traumatic event occurs despite veterinary intervention, the owner waives any claim for injury or illness.

Payment is expected in full at the time of your pet's discharge. We require a deposit for any vaccinations that will be updated by the Veterinarian while boarding. We accept Cash, Checks, Mastercard and Visa.

In the event additional tests, treatments, or medications are needed I elect Animal Hospital Of Bonita to:  
(Please circle only one)

1. Contact me prior to additional charges, or
2. Do not contact me – I authorize Animal Hospital Of Bonita to perform treatment up to \$ \_\_\_\_\_  
If this limit is to be exceeded we will contact you.

In the case of a life threatening emergency and I am unable to be reached:  
(Please circle only one)

1. I authorize Animal Hospital Of Bonita to perform all necessary treatment at my expense, or
2. I authorize Animal Hospital Of Bonita to perform all necessary treatment up to \$ \_\_\_\_\_

I have read and understand the above information.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Staff Intake Name \_\_\_\_\_

## BOARDING RELEASE

Thank you for boarding your pet with us! We enjoyed having them.

Please see your pet's report card on their stay with us. Their eating habits, urination and defecation

have been closely tracked, and is available if you need this information.

**Release statement:**

I am picking up my pet and have addressed all pertinent concerns over my bill and his/her condition on pick up.

Picked up by Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_