



Boarding Release



Competence Care Compassion

10452 W. Atlantic Blvd.
Coral Springs, FL 33071
(954) 752-5775

7460 Wiles Road
Coral Springs, FL 33067
(954) 752-1879

HOURS

Mon/Wed
8 AM — 7 PM
Tue/Thu/Fri
8 AM — 6 PM
Sat
8 AM — 3 PM

HOURS

Mon/Wed
7:30 AM — 6 PM
Tue 8 AM — 7 PM
Thu 8 AM — 8 PM
Fri 8 AM — 6 PM
Sat 8 AM — 3 PM

WE WELCOME YOUR PET AS A GUEST AT OUR FACILITY.

We can assure you that your pet will be receiving excellent care while you are away by a caring, responsible staff supervised by our veterinarians. Your pet will be housed in clean, air-conditioned kennel area, where special attention is given to diet, appetite, bodily functions and medication. Below is information relating to our boarding policy to insure that you and your pet can both relax and enjoy your separate vacations.

If you have any special requirements, please inform our staff.

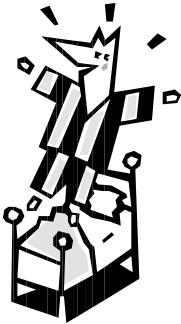
TO ENSURE HEALTH AND COMFORT, WE HAVE CERTAIN "HOTEL GUIDELINES" ...

To prevent the spread of contagious diseases and viruses, all dogs and cats are required to be vaccinated within the past year and to have had a fecal examination within the past six (6) months. The following vaccines are required:

DOGS: Distemper ♦ Hepatitis ♦ Parainfluenza ♦ Parvo ♦ Bordetella ♦ Rabies

CATS: Distemper ♦ Calici ♦ Rhinotracheitis ♦ Pneumonitis ♦ Rabies

- ❖ If any of these vaccinations or a fecal is due, they will be administered during your pet's admission. Your invoice will be charged accordingly.
- ❖ Upon admission all pets will be checked for external parasites. If found, your pet will be treated and your invoice will be charged accordingly
- ❖ If your pet becomes ill or stressed or if you have requested that your pet be examined, a doctor will perform and initiate prompt and reasonable treatment. Your invoice will be charged accordingly.
- ❖ Any pet staying five (5) nights or longer or becomes soiled will receive a bath. Your invoice will be charged accordingly.



BOARDING & BATHING FEES

BOARDING			BATHING		
	Weight	Rate/Night		Weight	Rate
Cats		\$11/night	Cats		\$21
Dogs	0 - 15 LBS	\$15/night	Dogs	0 - 15 LBS	\$20
	16 - 30 LBS	\$16/night		16 - 30 LBS	\$21
	31 - 60 LBS	\$19/night		31 - 60 LBS	\$24
	61 - 80 LBS	\$22/night		61 - 81 LBS	\$26
	81-100 LBS or RUN	\$24/night		OVER 81 LBS	\$29
	OVER 100 LBS	\$26/night	*Bathing pets with long hair, excessive mats, severe fleas, ticks or difficult animals will be subject to an additional fee.		
*Medication administration is an additional fee and your invoice will be charged accordingly.					

The nightly charge for all runs is a minimum of \$24.00. If two pets share a cage, the fee per pet will be discounted \$1/day/pet. If two dogs share a run, the fee will be discounted \$1/day for the run and \$1/day for the cage rate for the smallest pet. Extra walks will be charge @ \$4/walk.

DAY BOARDING (5 hours or less): Dog - \$10.00/day Cat - \$7.00/Day

Pet Name _____ Owner's Name _____

I understand & agree to the policies & charges listed on the Wiles Road & Cypress Wood Animal Hospitals' Boarding Agreement.

I have elected to have my pet examined: Yes No. If Yes, I understand that an exam fee will be assessed for all medical & vaccine exams.

Signed _____ Date _____
Signature of Owner or Owner's Representative

Boarding Registration

(Please print clearly, thank you.)

BOARDING INFORMATION

Last Name:	First Name:	Pet Name:	Cage / Run Sharing? Y N
Species: Canine/Feline/Exotic	Breed:	Check In Date:	Check Out Date:
Emergency Contact Name:		Phone #(s):	Pick Up Time: Are you picking up your pet? Y N If not, who is authorized:
Bath? <input type="checkbox"/> Yes <input type="checkbox"/> No	Medicated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type?	Bath Date:

FEEDING INSTRUCTIONS

Feeding Instructions: AM Midday PM	Food Type: Wet Dry Mixed	House Food:	Brought Own Food Type:	Charge Account For Type:
---	-----------------------------------	-------------	---------------------------	-----------------------------

EXERCISE INSTRUCTIONS (limit 2 additional)

Exercise: Additional walks per day: _____ (if more than 2X/day for Adult or more than 3X/day for Puppy, add \$4.00/Walk/Day)

PERSONAL ITEMS BROUGHT WITH PET

KENNEL NOTES

VACCINES AND/OR TREATMENT REQUIRED

Canine: Distemper ♦ Parvo ♦ Bordetella ♦ Rabies ♦ Fecal ♦ Heartworm Test

Feline: FVRCP ♦ Feleuk ♦ FIP ♦ Rabies ♦ Fecal ♦ Heartworm Test

MEDICATIONS TO ADMINISTER

Drug Name	Dosage	Quantity	Special Remarks	Refill
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

PHYSICAL EXAMINATION

Examination Requested? Yes No If yes, list clients concerns in the Notes section below, set an appointment.

Doctor Preference (if available): Appointment Date Set: By:

EXAMINATION/MEDICAL NOTES

Owner/Agent Signature: _____ **Date:** _____

EMPLOYEE SIGN OFF (TO BE FILLED OUT AND SIGNED BY EMPLOYEES ONLY)

CSR Printed Name: _____	Initials: _____	Date: _____
Nurse Printed Name: _____	Initials: _____	Date: _____
Kennel Printed Name: _____	Initials: _____	Date: _____