BOARDING/BATHING/GROOMING RELEASE

February 5, 2010

Animal Hospital of Pensacola
5001 N 12th Avenue
Pensacola, FL 32504
(850) 479-2900

LAST NAME_____PET'S NAME_____
SPECIES_____ BREED_____ SEX_____ SPAYED [ ] NEUTERED [ ]
COLOR_____ BIRTHDAY_____

I am placing my pet in the care of the Englewood Animal Health Center, with the understanding that the hospital will use reasonable care to keep my pet in good health. I will not hold the Englewood Animal Health Center liable and I assume all risks for the boarding, bathing or grooming of my pet. In case of illness I do hereby give my consent for Englewood Animal Health Center to stabilize the condition by treatment, prescribing for or operating upon my pet(s) as deemed necessary by the attending veterinarian until such time the owner can be contacted. Any expenses incurred shall be paid promptly by the owner.

Should the circumstances arise that my pet(s) remain unclaimed after the date, which I have stated as the pick-up date, I understand that an attempt to notify me will be made. Seven days after such notice the pet(s) will be considered abandoned and property of the Englewood Animal Health Center. It is further understood that such action will not relieve me from paying all costs of services and the use of you hospital.

I understand that an intestinal parasite screen (current within 6 months) and all vaccinations for dogs (Distemper, Lepto, Influenza, Hepatitis, Parvo, Rabies, Corona & Bordetella) and for cats (Leukemia, Distemper Combination, Rabies and Bordetella) must be current within one year (excluding bordetella for dogs which is to be current within 6 months) for boarding, bathing and grooming. If these vaccinations or intestinal parasite screen are not current, Englewood Animal Health Center will administer/perform them.

Furthermore, I understand that the Englewood Animal Health Center strives to be a "Flea Free" boarding facility. Therefore, if my pet is not currently on any flea preventative or fleas are found on my pet upon arrival, Englewood Animal Health Center will administer a flea preventative of their choosing to prevent any possible infestation of fleas during my pet's stay and I agree to pay for the above mentioned product or services.

I also acknowledge that I have written down all abnormalities and special requirements that are needed for the care of my pet.

Special Instructions/Medical Conditions:

_____

_____

Authorization to Verify Vaccination Records:

For the safety of my pet and others I hereby verify that all vaccinations stated above for my pet are current within 1 year. I hereby authorize The Animal Hospital of Pensacola Inc to verify these vaccinations at _____If these vaccinations are not current, I authorize The Animal Hospital of Pensacola Inc. to administer them immediately.

Owner's Signature_____ Date_____
Emergency Contact Number_____

This agreement, when signed, is good for one-year form the original signature date.

Dematting Fee(for Grooming Only): I also understand that if my pet is heavily matted, I will be charged a dematting fee based on $20 per hour, in addition to the quoted grooming price as per my conversation with the groomer.

Date of Entrance	Date of Pick-up	Additional Services							Initials
		Ex. Exercise	Bath or Groom	Penthouse	Flea Prevention	Nail Trim	Dental	Yearly Blood Profile	