

Sun City Animal Hospital Boarding Health Care Agreement

Please read carefully and sign below

Owner: _____

Pet(s): _____

1 Dog Kennel	\$ 19.75	1 Dog Run	\$ 24.75	Cat Kennel	\$ 14.50
2 Dogs Same Kennel	\$ 32.50	2 Dogs Same Run	\$ 39.50	2 Cats Kennel	\$ 22.00
Dog Day Board Kennel	\$ 12.00	Dog Day Board Run	\$ 14.50	Cat Day Board	\$ 10.00
Medical Treatment with boarding		3.00/day/pet		Client Initials	

Fecal Test: Current Y or N. List Pets who need Fecal Test: _____

Vaccines: Current Y or N. List Pets and VAX needed: _____

Additional Procedures (e.g., tests, surgeries, NT): _____

- All animals entering the hospital must be current on vaccinations and have a negative fecal exam every 6 months or they will be vaccinated, tested and treated (as needed) at the owner's expense.
- I authorize the veterinarians to do whatever is necessary should an emergency situation arise, including anesthesia as required.
- I authorize members of Sun City Animal Hospital staff to administer medications based on the veterinarians' directions.
- I agree to pick up my pet within 5 days of the discharge date, and my pet(s) may be considered abandoned if I do not. In my failure to recover my pet(s), Sun City Animal Hospital is automatically authorized to dispose of my pet(s) as deemed professionally necessary.

Fees are charged on a per night basis. Pets are to be released only during office hours.

We are not responsible for lost or damaged belongings during their stay.

Full payment is expected upon release.

In case of emergency, please call: _____

Date in: _____ Date out: _____ Signature: _____

Property/Instructions:

Toys	Food	Meds	
Bed		Meds	
Blankets	Treats	Meds	
Carrier	Leash/Collar	Please note # and brief description	