Lake Worth Animal Hospital Boarding Agreement

Pet's Name:	0	wner's Name:		
Boarding Dates: Drop Off		Pick Up:		
All vaccines, heartworm tes current on their vaccines, h when they are dropped off t	eartworm t	est, and fecal, t	hey wil	ur pet is not I receive them
All Boarders will be bathed unless otherwise arranged.	on day of p	oick up. Discha	rge wil	l be after 12pm
Are you providing us with you	r Pet's food	? Yes: N	o:	_
Diet:How m	nuch:	How	often: _	
Is your pet taking any medica	tions that ne	ed to be given w	hile bo	arding?
Are there any problems that there? Yes: No:	he veterinar	an needs to exar	mine wi	nile your pet is
If Marked Yes Please List:				
Did your pet have his/her hea				
Did your pet have his/her flea	prevention	this month?		
Yes No If marke	ed no one w	II be given to him	vher.	
Should the pet(s) above bed hereby request Lake Worth medical/surgical treatment	Animal Hos	spital to provide		
l agree to pay all related cha treatment of my pet(s <u>) at tin</u>			oardin	g and
l do hereby forever release : the attending veterinarian fr procedures and treatments	om any and	all liability aris		
have read the above and I	am in full a	greement: Date	:/	
Signature	Ph	one Number# _		