



BOARDING/BATHING/GROOMING RELEASE

Prima Vista Animal Hospital
250 SW Prima Vista Blvd.
Prima Vista, FL 34983
(772) 336-9300

LAST NAME _____ PET'S NAME _____
SPECIES _____ BREED _____ SEX _____ SPAYED [] NEUTERED []
COLOR _____ DATE OF BIRTH _____

I am placing my pet in the care of the Prima Vista Animal Hospital, with the understanding that the hospital will use reasonable care to keep my pet in good health. I will not hold the Prima Vista Animal Hospital 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 Prima Vista Animal Hospital a 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 Prima Vista Animal Hospital. 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, Prima Vista Animal Hospital will administer/perform them.

Furthermore, I understand that the Prima Vista Animal Hospital 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, Prima Vista Animal Hospital 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 Prima Vista Animal Hospital to verify these vaccinations at _____ If these vaccinations are not current, I authorize Prima Vista Animal Hospital. to administer them immediately.



[] I would like to follow my pet's boarding on Facebook.



[] I would like my pet to have a bath or groom before pick up. Receptionist will give price quote.

Owner's Signature _____ Date _____

Emergency Contact Number _____

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

De-matting 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	Services Available (Additional Fees Apply)							Initials
		Facebook Picture	Bath or Groom	Extra Exercise	Give Flea Prevention	Nail Trim	Give Heartworm Preventative	Teeth Brushing	