

# FLAGLER ANIMAL HOSPITAL

## BOARDING CONTRACT – Frequent Boarder (addendum) OCT 2019

Date: \_\_\_\_\_ Owner: \_\_\_\_\_ Pet: \_\_\_\_\_ lbs.

This is a **CONTRACT "addendum"** between Flagler Animal Hospital (hereafter called "FAH") and the pet owner whose signature appears on the page below. This Contract addendum shall be binding on the heirs, administrators, personal representatives and assigns of the Owner and FAH.

I certify that I have used the original contract **within this calendar year** and that I agree to the original terms and conditions of that contract as well as this addendum. By signing this Contract and leaving his/her pet with FAH, Owner certifies to the accuracy of all information given about said pet on the original Contract and on this addendum. *If your pet is taking medication, medical boarding charges will apply.*

Owner's Signature \_\_\_\_\_ Date: \_\_\_\_\_

FAH representative: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE COMPLETE ALL INFORMATION**

<b>Emergency Name</b>	
<b>Contact Number</b>	

**BOARDING DATES**

<b>DROP OFF</b>	Date: _____	Time: _____
<b>PICK UP</b>	Date: _____	Time: _____
<b>BATH</b>	YES (pick up time after 2 pm)	no

**FOOD & MEDICATION/SUPPLEMENTS**

FOOD	NAME/BRAND	AMOUNT	FREQUENCY
MEDS and/or SUPPLEMENTS	TYPE/NAME	QUANTITY	How many times per day? What time?

Did your pet have any medication today?     NO     YES    TIME: \_\_\_\_\_

**Procedures needed:**

\_\_\_\_\_ I understand and agree that any problems that develop with my pet(s) that require medical attention during their stay will be treated as deemed best by staff and doctors of FAH, at their sole discretion. I am aware that I will be charged for these services and/or procedures.

**Medical attention  
Please initial!**

**Who do we contact if you pet requires medical attention?**

ME (owner)                       ER CONTACT

30" = 8-15lb                      36" = 15-25lb                      48" = 25-45lb                      6' = 45-80lb                      8' = 80lb +