



Animal Clinic at Kelly Crossing



16120 San Carlos Blvd, Suite 11
Fort Myers, FL 33908

Date: Expiration Date: _____

Boarding Agreement

The undersigned hereby warrant that they are the owner or authorized agent for the pet(s) listed below and authorizes **Animal Clinic at Kelly Crossing** to care for and treat said pet(s). **I understand that every reasonable effort will be made to contact me as soon as possible if an emergency or an unanticipated sickness arises with my pet. If I am unable to be reached, I authorize the Dr. Marci and the staff at Animal Clinic at Kelly Crossing to proceed with treatment as deemed necessary for the well-being of my pet(s).** I further acknowledge that I am solely responsible for all charges incurred during my pet(s) stay at **Animal Clinic at Kelly Crossing**.

How we charge

I understand that boarding is charged **by weight, per day and per pet**. I agree to pay all charges upon picking up my pet.

Requirements for Boarding

I understand that the following vaccines are **required** in order to board my pet at Animal Clinic at Kelly Crossing. I further authorize Animal Clinic at Kelly Crossing's doctors and technicians to perform any of the following vaccines and/or procedures, unless otherwise documented or proof of vaccines is acquired by Animal Clinic at Kelly Crossing's staff.

- *Rabies (1yr or 3 yr)
- *Distemper (DHPP, DHLPP, 1 yr or 3 yr)
- *Bordetella
- *Fecal Examination

Bathing Policy

I understand that if my pet(s) reservation lasts 4 or more days a bath will be given at no additional charge. However, if I request a bath I will be charged a fee (based on weight) in addition to my boarding charges.

Medication Administration

I have been made aware that before signing this document that there is a **\$7.50 charge per day** to administer medication. I authorize the staff and doctors at Animal Clinic at Kelly Crossing to administer medication.

Pet Name & Breed:

Owner Name:

Owner Signature: