



BOARDING/BATHING/GROOMING RELEASE

Animal Hospital of Pensacola
5001 N 12th Avenue
Pensacola, FL 32504
(850) 479-2900

LAST NAME _____ PET'S NAME _____
SPECIES _____ BREED _____ SEX _____ SPAYED [] NEUTERED []
COLOR _____ BIRTHDAY _____

I am placing my pet in the care of the Animal Hospital of Pensacola, with the understanding that the hospital will use reasonable care to keep my pet in good health. I will not hold the Animal Hospital of Pensacola 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 Animal Hospital of Pensacola 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 the Animal Hospital of Pensacola. It is further understood that such action will not relieve me from paying all costs of services and the use of 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 (Distemper Combination and Rabies) must be current within one /three year according to vaccine label (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, Animal Hospital of Pensacola will administer/perform them.

Furthermore, I understand that the Animal Hospital of Pensacola 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, Animal Hospital of Pensacola will administer a flea preventative of their choosing to prevent any possible infestation of fleas during my pet's stay and I understand and agree to pay for the above mentioned product or services.

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. I hereby authorize Animal Hospital of Pensacola to verify these vaccinations at _____.
If these vaccinations are not current, I authorize Animal Hospital of Pensacola to administer them immediately.*

Owner's Signature _____ Date _____

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	Bath	Groom	Boarding	Contact # (s)	Initials