



Winter Park Veterinary Hospital

55 YEARS A Compassionate Commitment to Quality Pet Care

AUTHORIZATION - BOARDING - FIRST PET

Client ID : _____	Emergency Contact Information	Feeding Information
Client Name : _____	Name/Relationship : _____	Dry: # of cups _____
Patient ID : _____	Phone # : _____	SID BID TID Free
Pet Name : _____	Name/Relationship : _____	Wet: # of cups _____
Species : _____	Phone # : _____	SID BID TID Free
Breed : _____	Person Picking Up : _____	Brought Food : YES NO
Home Phone : _____		PrePackaged : YES NO
Cell Phone : _____		

Diet Comments _____

Pet Belongings _____

Health Alerts : _____ Allergies : _____ Behavior : _____

Special Instructions _____

Arrival / Departure Arrival Date : _____ Departure Day : _____ Departure Date : _____ Departure Time : AM PM

Room Packages & Rates				**All Boarding Charges Are Per Pet**	
Rooms	Choice	Platinum	Bath	YES	// NO
Canine < 30#	\$22	\$30	\$28		
Canine >30#	\$24	\$32	\$32		
Feline	\$18	\$20	\$25		
Exotics	Price varies depending upon species & size.			Pedicure YES // NO	
Medication	\$4.00 per day. Diabetic Boarders: Insulin administration - \$13.50 (owner supplied) or \$22.50 (WPVH supplied) per injection.			Special care / feeding / handling	
Capstar	\$6.00 one time charge. Administered at check-in for flea control.			\$34 per day	

Frequent Club

Extended Stay

Veterinary Services 6 Month Deworming Annual Exam Exam Dental Surgery Training Other

If you would like an estimate of these charges, please request this from the Client Service Representative.

Current Medications

Type : _____	Directions : _____	Last given : _____	Next Dose Due : _____
Type : _____	Directions : _____	Last given : _____	Next Dose Due : _____
Type : _____	Directions : _____	Last given : _____	Next Dose Due : _____
Type : _____	Directions : _____	Last given : _____	Next Dose Due : _____

The Authorization & Consent for Services must be completed and signed on the reverse side of this form.

CSR : _____ Tech : _____ ACS : _____



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Important Information

- For their protection, all guests staying with us will be:
 - Given a complimentary screening upon check-in.
 - Given a Capstar at check-in to prevent external parasites at the owners expense.
 - Given any vaccinations that are required by us that they're not current on at the owner's expense.
- Serious health problems and emergencies will be treated immediately by our staff at the owner's expense. Every effort will be made to contact you at the number given before beginning treatment.
- Guests bathed are picked up after 3:00 P.M.
- Guests picked up after 12:00 Noon are charged an additional day of boarding unless day care has been arranged or a bath is scheduled.
- I understand there are additional charges for Veterinary Services.

Initials _____

Walk & Playtime & Photo Release & Consent

I authorize the staff of Winter Park Veterinary Hospital (WPVH) to walk/have playtime with the guest(s) named on the reverse side as well as on the Additional Guest Boarding Authorization form and absolve the WPVH and staff of any liability for injury and loss of the guest(s) or injury to others.

I acknowledge & agree to pictures/film being taken of my pet and of myself & give permission for them to be used in connection with WPVH's work. Any media utilized becomes the property of WPVH.

Initials _____

Authorization - Treatment & Services

I, the undersigned owner or authorized agent of the guest(s) named on the reverse side as well as the guests named on the Additional Guest Boarding Authorization form, authorize and give consent to Winter Park Veterinary Hospital [WPVH], its doctors and staff to provide boarding services and/or bathing and any other services requested on the reverse side as well as on the Additional Guest Boarding Authorization form to the guest(s). I understand that there are inherent risks & benefits involving these services, that I can ask questions until I am comfortable, and WPVH, its doctors and staff, will use all reasonable precautions against injury, escape, and/or demise of the guest(s).

Should unforeseen events require treatment beyond what has been discussed with me and I cannot be reached, I authorize WPVH, its doctors and staff to perform, and I agree to pay for, such medical and surgical treatment as is necessary to preserve the life of the guest(s) until I can be contacted for further authorization.

I hereby release WPVH, its doctors and staff from any and all claims, except claims for negligence, arising out of or connected with the performance of the boarding, walks, play time, bathing, treatment and /or surgical services. I understand that anesthesia may be given, that it carries risks, and in extremely rare instances, death may result.

I accept full financial responsibility for the services rendered to the guest(s) as well as other costs related to the guest(s). I understand that payment in full is due upon release of the guest(s) from the hospital or when service is otherwise terminated. If charges are not paid within 5 days after written or oral notification has been made to me that the guest(s) is/are ready to be released from the hospital, I relinquish the guest(s) and WPVH is authorized to humanely dispose of the guest(s) unless I, the owner, or an authorized agent of mine, calls for the guest(s) & pays all accrued fees.

Should it be necessary to collect this account through a collection agency or an attorney the undersigned agrees to pay all costs of collection, which could double the bill, in addition to a reasonable attorney's fee, even if court or legal action is not taken.

I acknowledge that no assurance or guarantee has been made of the results of the boarding, walks, play time, bathing, medical and/or surgical services and that I understand the potential risks & benefits.

Owner or Authorized Agent Signature

Date

READ BEFORE SIGNING