



DR. EDUARDO BERNAL, D.V.M.

ALL FRIENDS ANIMAL CLINIC

TEL: 954-659-9913

FAX: 954-659-3360

BOARDING AGREEMENT

Monday - Friday pick up times are between 9am - 5pm and on Saturday 8:30am - 1:30 pm

TODAY'S DATE _____ DATE OF PICK-UP _____ TIME: _____ AM _____ PM

Owner's name _____ Phone _____

Emergency contact _____ Phone _____

OPTIONAL SERVICES

PET(S) NAME	Medicated Bath	Grooming	C.E.T CHEW TREAT: \$1
1) _____	Y __ N __	Y __ N __	Y __ # ____ /day N __
2) _____	Y __ N __	Y __ N __	Y __ # ____ /day N __
3) _____	Y __ N __	Y __ N __	Y __ # ____ /day N __

Pet brought:

Medication Y __ N __ medication instruction _____

Food Y __ N __ feeding instructions, _____

Please include description of instructions, or any other services you would like for your pet during his/her stay.

BOARDING POLICY / REQUIREMENT AGREEMENT available online at AllFriendsAnimalClinicWeston.com or ask the receptionist for a copy. We would like you to read the policy and requirements and provide us with proper pet's health records for vaccinations when your pet(s) are dropped off. If records are not provided, we will update health records at the owner's expense. I have read, understand, and agree with the boarding requirements and policy

Initial _____

MEDICAL ILLNESS POLICY

If your pet(s) becomes ill, we will call the emergency number listed above regarding your pet(s) symptoms, treatment options, and estimate of additional costs. If no one can be reached however, we will perform the minimal necessary treatments to relieve immediate discomfort or to resolve an important "emergency" medical condition. This includes only non-elective treatments and necessary diagnostics.

I, hereby authorize All Friends Animal Clinic and its agents and assigned doctors and/or staff he employs, to administer treatment as he/they consider therapeutically and/or diagnostically necessary on my pets. I also consent to the administration of such anesthetics, as are necessary, and surgical procedures of an emergency nature. I have read and understand this agreement. I fully intend to pick up my pet(s) on the above specified date. If circumstances change, I will notify the All Friends Animal Clinic of a new pick-up date. I, hereby release All Friends Animal Clinic and Dr. E. Bernal and assigned doctors, and his staff from all claims, legal or equitable, arising out of the treatment rendered by him, and affirm that no guarantee or assurance has been made as to the results that may be obtained. I have read and understand the above.

Date

Owner/Responsible Agent Signature