



Animal Hospital and Boarding Kennel

10441 Orange Drive, Davie, FL 33328  
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www.CamelotAnimalHospital.com

### BOARDING AUTHORIZATION

Owner's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

Species \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_ Color \_\_\_\_\_

I certify that I own the animal described above and I do hereby consent, authorize, and accept financial responsibility for the veterinarians of Camelot Animal Hospital to examine and to administer any vaccinations, medications, tests, surgical procedures or treatments that the doctor or the doctor's associates deem necessary for the health, safety, or well-being of the above animal while under the doctor's care and supervision. If my animal should injure itself during its stay or in an escape attempt, refuse food, urinate or defecate on itself or become ill or die while boarding, I will hold Camelot Animal Hospital and its veterinarians and employees free of any responsibility and/or liability in the absence of gross negligence, or in the event of a natural disaster.

I understand and agree to the following:

- If the examining vet diagnoses or treats any problem or illness, an exam fee, as well as a fee for any medications or treatments, will be charged. There is a **minimum treatment charge of 2.00 per dose for each medication administered or 6.00 per day, whichever is less.**
- **A 50% deposit of all total charges will be due at the time of drop-off.**
- I am confirming that my pet is current with **all vaccinations and current with a flea and tick preventative.** In the event that there is no proof of vaccinations, Camelot Animal Hospital staff will administer the necessary treatments. Additionally, if your pet is found to have fleas or ticks, they will be treated with your choice of an oral preventative or collar.
- If my dog cannot hold its bladder or bowels, even with the 3 or more walks that all Camelot boarders get, she/he will receive hygiene baths as medically necessary for an additional charge.
- My pet will be given a fecal test on the day of arrival for boarding and if my pet tests positive for any intestinal parasites, treatment will be administered as deemed necessary by the doctor for an additional charge.
- If at any time during my pet's stay, it is determined by the doctor, that my pet is aggressive towards hospital or kennel staff, I will be notified and make other arrangements for the care of my pet. If at the time I am notified, I am unable to do so, I will incur an additional charge of **\$80 per weekend that my pet remains at Camelot Animal Hospital.**
- During peak seasons as defined by summer, spring break, and holidays; if I am unable to pick up my pet at the end of my reservation and I am unable to make other arrangements, I will incur a **double** boarding fee of twice the nightly value I was quoted, per night. (ex: a **\$29/night boarding fee becomes \$58/night for each night past initial reservation.**)
- If my pet goes into heat during their stay, I will incur an extra boarding fee of \$27.00 per night. (ex: a **\$29/night boarding fee becomes \$56/night for each night past initial reservation.**)

I realize that my animal will be discharged only **after 10:00 AM** in order to give clinic staff ample time to feed, walk, and bathe my animal as needed. I must drop my animal off no later than **5:30 PM on Mondays, Tuesdays, Thursdays, and Fridays, or 12:30 PM on Wednesdays and Saturdays.** I UNDERSTAND THAT IF MY PET IS NOT PICKED UP BY 12:30/5:30 PM ON THE DAY OF DISCHARGE THERE WILL BE AN EXTRA DAY CHARGE AND/OR A \$15 LATE PICK-UP/DROP-OFF FEE AND THAT ALL FEES MUST BE PAID IN FULL BEFORE MY PET IS RELEASED. If I neglect to pick up my animal within five (5) days of written notice that it is ready to be released to me per your boarding documentation, you may assume that the animal is abandoned and you are hereby authorized to release the animal to Broward County Animal Control or other adoption agency. I further realize that in the event that I fail to pay any fees due, I will be liable for the reasonable cost of collection including collection fees, court costs and reasonable attorney's fees. In the event that I change my plans, become ill, change my address or phone number, or otherwise lose contact with the hospital, it will be my duty to inform Camelot Animal Hospital in writing, immediately, of such change.

The **emergency names and phone numbers** that I have entered below are **my own and others who are authorized by me** to make life and death decisions for my pet if deemed necessary by the doctors or staff of Camelot Animal Hospital, and I assume all financial responsibility for these decisions.

\_\_\_\_\_ **Initial** If my pet exhibits severe anxiety (such as unrelenting barking, digging/gnawing on cage, etc.) and poses a threat of injury to himself/herself or is disruptive to other animals, I give my permission to sedate my pet at the medical discretion of the doctor to the extent necessary to calm him/her while boarding.

I hereby acknowledge that I have read the above and fully understand and agree to the terms and conditions set forth.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Contacts:**

**Contact:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Phone:** \_\_\_\_\_