



Conditions For: Boarding, Daycare, or Drop Off Admissions

1. I understand the following vaccinations must be current and have been administered by a veterinarian in order to have my pet(s) board or be dropped off. I understand this is for the well-being and safety of all pets (not just my pet(s)) under the care of Animal Hospital at Oakleaf Plantation (AHOP):
 - Dogs: Current Bordetella (within 6 months), DHPP (Distemper), Negative Fecal (within 6 months), and Rabies
 - Cats: Current FVRCP and Rabies
2. I understand I must provide written verification that my pet's vaccinations are current and were administered by a licensed veterinarian. I understand AHOP will attempt to contact my veterinarian to confirm vaccination dates. If current dates cannot be verified, then the required vaccinations will be administered by AHOP to protect my pet and this facility. I will be responsible for any fees incurred.
3. I understand boarding charges for my pet(s) will accrue for each overnight stay at a rate based on the pet's weight and/or kennel upgrade rate.
4. I understand there will be an additional charge for the administration of any medications while my pet(s) is/are boarding (i.e. prescription medications, insulin, sedatives, etc).
5. I understand that my pet(s) will be under the care of a licensed veterinarian. If my pet(s) become(s) ill while under AHOP's care, I understand AHOP will do their best to contact me as soon as reasonably possible. I understand it is AHOP's intention to provide the necessary care for my pet's condition. As such, **I agree to be responsible for any expenses incurred for all medical care deemed necessary by the attending veterinarian, which should not exceed (i.e. \$100) _____ (insert amount).**
6. I authorize AHOP to release information from their pet's record to any person, agency, or authority as AHOP may deem necessary for the care of my pet(s).
7. I acknowledge that all accounts are due and payable when services are rendered. An interest charge of 1.5% per month will be applied to any unpaid balance after thirty (30) days. In the event this account is in default, customer agrees to pay all costs of collection, including court costs and attorney fees, whether suit is filed or not. In the event that suit is filed, venue will be Duval County, Florida.
8. I understand if I am provided a written estimate for services, then it is understood that the **charges may be less than or more than the written estimate**. I understand it is AHOP's best intention to provide me with the best possible estimate, but it is only an estimate and is subject to change.
9. I grant photo release authority to AHOP for publishing any photos of my pet(s) in social media, for advertising purposes, or any other reason deemed by AHOP.

Client Signature _____ Date _____