



## INITIAL BOARDING AGREEMENT, EXPLANATION OF POLICIES, PREAUTHORIZATION FOR EMERGENCY CARE AND CPR

Lakeside Animal  
Hospital  
8521 Gunn Hwy.  
Odessa, Fl. 33556  
813-920-5100  
staff@lakesideah.com

**Please have both sheets filled out prior to drop off. Each pet should have their own set of paperwork.**

Pet's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Owner's/Authorized Agent's Name: \_\_\_\_\_

In case of an emergency, contact: \_\_\_\_\_ (Name of Contact)

Phone # of emergency contact: \_\_\_\_\_

Is the emergency contact authorized to make care-giving decisions about your pet? \_\_\_\_\_

Length of Stay \_\_\_\_\_ to \_\_\_\_\_ (pick up date)

### Statement of Kennel Policy:

1. Boarding is charged per day. (Pick up before 10am to avoid being charged an additional day)
2. Personal items may be left at your own risk. We are not responsible for loss or damage. Please make sure all items are labeled prior to drop off.
3. This facility cannot guarantee the health of any animal, but pledges to provide appropriate care to all boarders. I agree to hold this facility harmless for conditions that often are unavoidable in boarding environments, including, but not limited to, weight loss or gain, rough hair coat, kennel cough, upper respiratory infection, diarrhea, fleas. If your pet is found to be carrying fleas, we will administer a topical treatment to ensure the safety of the other pet's boarding at our facility and the charge will be added to your invoice.
4. If my pet identified on this record become ill, I request that Lakeside Animal Hospital provide all medical/surgical treatment it deems necessary, with fees not to exceed \$ \_\_\_\_\_. I acknowledge that in the event of my pet's illness, the staff at the above named veterinary facility may not be able to contact me immediately. Nonetheless, they are authorized to initiate appropriate treatment until I or my agent can be reached. I agree to pay all related expenses associated with the treatment of my pet until I am available to discuss further care and related fees with the attending veterinarian.

Should my pet require cardiopulmonary resuscitation (CPR), including cardiac compression, defibrillation, positive pressure respiration, emergency drugs, or other heroic interventions, I request that the doctor(s) at this hospital pursue such medical care as indicated below. Having requested such emergency procedures, I agree to be held responsible a minimum resuscitation fee of \$300-\$500 to pay for the service performed while staff members pursue treatment and try to reach me for further directions. Regardless of my pet's survival, I agree to pay this fee in addition to other fees already identified by the practice and agreed upon by me. I accept that if the hospital staff is unable to reach me within 15 minutes after the initiation of CPR procedures, and after exercising reasonable medical judgment, determine that there appears to be virtually no hope for medical success, they will cease further CPR procedures. I understand that despite the best efforts of the doctors and staff at this facility, even the most successful CPR that restores my pet's life may not allow my pet to regain his/her normal mental and physical health and, thus, may leave him/her as an invalid.

I request one of the following CPR services (please initial the appropriate choice):

- \_\_\_\_\_ 1. Endotracheal intubation, positive pressure respiration, administration of emergency drugs, and/or external cardiac massage. (\$300-\$500)
- \_\_\_\_\_ 2. I elect **NOT** to have the staff pursue any CPR procedures for my pet and, instead, request that the attending doctor assist my pet in dying in a peaceful manner.



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Pet's Name: \_\_\_\_\_

Diet: Please list ALL food to be given while your pet is being boarded. ALL food must be in a sealed container. Bags of open food are not permitted.

When was your pet last fed? \_\_\_\_\_

Name of Food How much? How often? \_\_\_\_\_

- 1.
2.

Medications: If your pet is receiving medication during his/her stay, it must be in the original veterinary labeled container with instructions for administration and your veterinarians phone number. Fees for medications that need to be filled or refilled during the time your pet is boarded will be added to your bill. Please list ALL the medications to be administered while your pet is being boarded.

Name of medication Dose How often? Last given? \_\_\_\_\_

- 1.
2.
3.
4.

Extras:

Bath (\$33.00) [ ] Yes [ ] No
Nail Trim (\$18.00) [ ] Yes [ ] No
Full Grooming with Stephanie (PRICING VARIES) [ ] Yes [ ] No
Daytime Playtime (\$15.00/Day) [ ] Yes (Days: \_\_\_\_\_ ) [ ] No

Other requested services: \_\_\_\_\_

Medical Concerns or Special Instructions:

\_\_\_\_\_

I agree to make full payment at the time of drop off. I certify that my pet appears to be free of contagious disease and has not bitten anyone in the past 10 days. I accept that if I fail to pick up my pet(s) within ten days of notification at the above address, it will be considered abandoned and will be handled in accordance with state law, and that doing so does not relieve me of my financial obligations.

I have read the above and I am in full agreement.

Signature of Owner or Authorized Agent \_\_\_\_\_

Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Date \_\_\_\_\_