



87801 Overseas Hwy, Islamorada, FL 33036

Phone: (305) 852-3665 Fax (305) 852-9646

[www.upperkeysvet.com](http://www.upperkeysvet.com)

## Boarding Check-in

Client (Last, First): \_\_\_\_\_

Patient: \_\_\_\_\_

Date of drop-off: \_\_\_\_\_

Date of pick up: \_\_\_\_\_

Please list any medications your pet will need while boarding:

MEDICATION	DOSAGE	TIMES PER DAY

**\*There will be a \$46 daily charge for your pets stay.**

**You may drop off/pick up during our regular office hours.**

**\*There will be a \$11 daily charge for administration of medication added to the boarding charge\***

Would you like your pet to be bathed prior to being picked up? The charge is \$38.50: Yes \_\_\_ No \_\_\_

Feeding instructions (include how much and how often):

Dry: \_\_\_\_\_

Canned: \_\_\_\_\_

Other: \_\_\_\_\_

**IN AN EMERGENCY, CALL (please provide your number or a responsible contact person):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**If my pet becomes ill or an emergency arises, I authorize Upper Keys Veterinary Hospital to perform diagnostic and treatment medically necessary for the health and comfort of my pet during boarding.**

**If the charges for these services exceed \$150, every attempt will be made to contact me.**

**However, services will NOT be withheld if I am unreachable.**

**I will be financially responsible for the services rendered.**

By signing this form, I acknowledge that I have read and understand all the above information and agree to the above terms and conditions.

\_\_\_\_\_  
Signature of owner or responsible agent

\_\_\_\_\_  
Date



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Kennel Tech to Itemize  
Medication dropped off:

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

Owner Signature \_\_\_\_\_

Harness Y N  
Description

Leash Y N  
Description

Collar Y N  
Description

Blankets Y N  
How many?  
Description

Toys Y N  
How many?  
Description

Bowls Y N  
How many?  
Description

Own Food Y N  
Cans  
Dry