



8717 SW 134th Street, Miami, Florida 33176
Tel. 305-253-1092, Fax 305-253-3123

Owner's name: _____

Owner's address: _____

Owner's cellular number: _____ E-mail address: _____

Emergency contact name: _____ Number: _____

1st Pet Name: _____ Breed: _____ Description: _____ Age: _____ Gender: _____

2st Pet Name: _____ Breed: _____ Description: _____ Age: _____ Gender: _____

3st Pet Name: _____ Breed: _____ Description: _____ Age: _____ Gender: _____

Veterinary Clinic: _____ Phone: _____

Microchip information: _____ Bordetella record: _____

DHPP record: _____ Rabies record: _____

Heartworm Prevention record: _____ Flea/Tick prevention record*: _____

***If no flea and tick regimen is given, the Retreat will spray pet(s) with Frontline prevention.**

Beginning Boarding Date: _____ Ending Boarding Date: _____

Personal Belongings: _____

Feeding instructions AM: _____ PM: _____

Medication Instructions: AM: _____ PM: _____

Reservation Information:

PAWS4you ("Retreat"), hereby agrees to furnish boarding services that includes the temporary shelter and care of your below described pet(s). Such services shall include general care, feeding and water and exercise, as necessary and appropriate. It is agreed that due to the occupancy rate during certain times and the cooperation of your Pet, the exercise and location of kennels of your Pet shall be at the sole discretion of the Retreat. You hereby give the Retreat a limited power of attorney, terminable at your option and at any time, to seek appropriate veterinary care in a verified emergency situation. Any fees charged in this regard shall be your sole responsibility and you shall not seek contribution from the Retreat, under any circumstances.

Owner's Initials Here: _____

Boarding location: _____ Number of Reservation Days: _____

Boarding fee per day: _____

Deposit received (Y/N): _____

Bath Charge: _____

Food Charge (\$2 per feeding): _____

Medication Charge (\$5 per day): _____

Less \$50 deposit credited if cancellation made with at least 7 days' notice: _____

Total Reservation Charge: _____

Check Cash MC Visa AMEX Other SQ: _____ By: _____

It is understood and agreed that this document memorializes the complete understanding between the parties and that no oral representations or promises, not in written form shall have no legal or contractual effect. Additionally, I represent upon penalty of perjury that the statements made and the facts provided, including the medical records provided, are true and correct.

Owner's signature (drop off date)

Owner's signature (pick-up date)

Retreat Representative (drop-off date)

Retreat Representative (pick-up date)