

Animal Medical Center & Spa
15703 SW 56 ST
Miami, Fl. 33185
Tel: (305)222-7387 Fax: (305)220-7387
WWW.AMCMIAML.COM

BOARDING RESERVATION DEPOSIT

DATE:

Patient:
Breed:

ID:
Color:

Client:
Age:

Sex:

I _____, hereby give Animal Medical Center, Dr. Carmen A. Vazquez-Gonzalez and or any of its agent's complete authority to charge my credit card listed below in the amount of \$ _____. (To get this amount add up 3 nights boarding + bath + frontline treatment according to your pet's weight.)

Credit Card Type _____ # _____ Expiration Date: _____

Billing zip code _____

I understand that these charges will be applied towards my boarding reservation from or on _____ to _____, 20___. I am aware that this deposit is non transferable to another date and is non-refundable unless a cancellation is made **in writing** 3 days prior to the arrival day being performed.

Owner or responsible agent signature: _____ Date: _____

Please fax completed form with a copy of your driver license to (305)220-7387.

Note: After faxing the form to us, please call us to confirm receipt and to provide us with the security code in the back of the card.

Cancellations: All cancellations must be **received in writing** 3 days prior to arrival day [i.e. for a reservation on Dec. 20 you must cancel by Dec.17 in order to get your deposit back]. It must also be confirmed in writing by one of our staff members. It is the pet's owner responsibility to assure that the cancellation is confirmed and signed by our staff member. Cancellations can be done via mail, fax or in person at your convenience.

