

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

Drop Off & Treatment Authorization Form

DATE:

Patient: ID: Client:
Breed: Color: Age: Sex:

I _____, owner or authorized agent for <animal>, hereby give AMC, Dr. Carmen A. Vazquez-Gonzalez and or any of its agent's complete authority to **perform any necessary treatments while my pet is under their care.** <Animal> is being dropped off for:

Describe any items brought with your pet or write any special instructions: (Some special request will have additional fees that may have not been quoted with the boarding fees inquire at reception)

Upon arrival to our facility <animal> will receive a comprehensive exam and a parasite check. If any contagious diseases and/or parasites are found they must be treated immediately. **This will be done at your expense and you will not be called to be advised of any additional charges. This is strictly enforced and is done to prevent infestations to other pets. However, some infestations are beyond our control; therefore we can not assume financial responsibility for any infestations or diseases that your pet may acquire while being boarded.

Boarding Requirements: Dogs under 4 months old will need to complete the puppy series of vaccinations every two weeks. Dogs over 4 months old with completed puppy series will need Distemper-Para influenza and Rabies vaccine once a year and Parvovirus, Corona virus and Bordetella (Kennel Cough) every six months. Proof of vaccinations administered by a licensed veterinarian is required in order to board in our facility.

It is the owner's responsibility to pick-up their pets before closing time. **Pick-ups after closing will inquire an additional fee at a rate of \$1.00 per minute.** Any pet abandoned at our clinic (not picked-up as agreed and us not being able to contact the owner(s)); will be disposed as we may deem necessary after 14 days.

Desired pick-up time (After 12:00 pm and must call before coming) _____ Pick up date: _____

Contact number: () _____

**NO FIRME SI NO HA LEIDO O NO ENTIENDE LO QUE SE LE COBRARA.
DO NOT SIGN UNLESS YOU READ AND UNDERSTAND WHAT YOU WILL BE CHARGED.**

Owner or responsible agent signature: _____

Date: _____