

**Winter Garden Animal Hospital Service Agreement**  
13092 West Colonial Drive, Winter Garden, FL 34787 – (407) 656-4132 Fax (407) 656-5327  
[www.wintergardenanimalhospital.com](http://www.wintergardenanimalhospital.com)

\_\_\_\_\_  
Primary Contact Name

\_\_\_\_\_  
Second Contact Name

\_\_\_\_\_  
Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home ( ) \_\_\_\_\_ - \_\_\_\_\_

Home 2 ( ) \_\_\_\_\_ - \_\_\_\_\_

Work ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell ( ) \_\_\_\_\_ - \_\_\_\_\_

E- Mail Address \_\_\_\_\_

**PET INFORMATION**

This agreement is for the care of those pets listed below. A Service Agreement and current vaccination records must be provided for each pet listed below before pets can be dropped off.

\_\_\_\_\_  
Name Breed Age Color Sex (Spayed / Neutered)

\_\_\_\_\_  
Name Breed Age Color Sex (Spayed / Neutered)

\_\_\_\_\_  
Name Breed Age Color Sex (Spayed / Neutered)

\_\_\_\_\_  
Name Breed Age Color Sex (Spayed / Neutered)

**EMERGENCY CONTACT**

AN EMERGENCY CONTACT MUST BE SOMEONE OTHER THAN YOURSELF. In the event of an emergency, in which you cannot be contacted, you grant your Emergency Contact full authority to make decisions concerning the care and medical treatment of your pet/s. You convey full authority for WGAH Inc. to make emergency decisions concerning your pet/s if we are unable to reach you or your Emergency Contact or no Emergency Contact is provided. In the case of an emergency requiring a facility evacuation, you or your Emergency Contact must be available to promptly pick up your pet/s.

\_\_\_\_\_  
Contact Name ( ) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Contact Name ( ) \_\_\_\_\_ - \_\_\_\_\_

**CARETAKER INFORMATION**

You (the owner) give permission for your pet/s to be released to the following Caretaker/s.:

\_\_\_\_\_  
Caretaker

\_\_\_\_\_  
Caretaker

Emergency Contacts / Caretakers must provide photo identification before any pet is released into their care.

**LEASH POLICY**

You are required to control your pet at all times, on a leash or in a carrier, when entering and leaving WGAH, Inc Property. You are solely responsible for your pet's behavior and any damages or injuries resulting from your pet's actions.

Initial \_\_\_\_\_

**RESERVATIONS REQUIRED FOR BOARDING SERVICES**

**OVERNIGHT BOARDING**

Overnight boarding is when a pet remains in the facility overnight. Boarding fees are charged by the night. We recommend bringing the following items for your pet/s when boarding:

- FOOD - Adequate supply of your pet’s food for the duration of the stay accompanied with feeding instructions. If food is not provided then we will feed our food.
- MEDICATION - Adequate supply of medication for the duration of the stay accompanied with instructions. Provide any treat or enticement your pet may require for administration of oral medication (i.e. pill pockets, cheese).
- BEDDING / BOWLS - We provide bedding and bowls - so you don’t have to pack these items. WGAH, Inc. is not responsible for damage or loss of any belongings.

Boarding space is limited. We recommend making all non-holiday boarding reservation at least two (2) weeks in advance of desired boarding dates. We recommend making summer vacation / holiday boarding reservations at least eight (8) weeks in advance of desired boarding dates.

**Boarding Reservation Waitlist** - In the event our boarding is full we will begin a reservation waitlist. If you elect to be placed on a waitlist – this does not guarantee an accommodation will become available. Only when a confirmed reservation is cancelled can we offer a client on the waitlist an accommodation.

We reserve the right to change your pet’s boarding accommodation to protect the health and wellbeing of your pet/s, other pets or our staff. Rate charges may apply.

**AGGRESSIVE BEHAVIOR**

To protect the health and well-being of your pet/s, other pets, our staff and clients - WGAH, Inc. reserves the right to alter, refuse or cancel services if:

- Your pet displays aggressive or destructive behavior.
- Your pet has any history of aggressive or destructive behavior.

\_\_\_\_\_ (Initial) My pet has no history of aggressive or destructive behavior.

\_\_\_\_\_ (Initial) My pet has displayed instances of aggressive or destructive behavior. Details of aggressive behavior:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You are solely responsible for any expenses resulting from your pet’s destructive or aggressive behavior. By entering into this Agreement, you agree to indemnify, defend, protect and hold WGAH, Inc., its owners, employees, associates and agents harmless from and against any and all damages, claims, losses, costs, liabilities or expenses (including, but not limited to, injuries to any person/animal or destruction of any property) arising out of your pet’s behavior, regardless of whether or not your pet has exhibited such behavior in the past or the actions or inactions of WGAH ,Inc., its owners, employees, associates or agents.

**MEDICAL CARE PROTOCOL AND AUTHORIZATION**

In the event your pet requires emergency veterinary care our staff will initiate actions for obtaining appropriate veterinary treatment until you or your designated Emergency Contact can be reached.

You grant WGAH, Inc. permission to authorize charges (payment) for the treatment of your pet/s. You are responsible for any and all costs incurred by WGAH, INC for treatment and care of your pet/s.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Initial\_\_\_\_\_

**RESERVATIONS REQUIRED FOR BOARDING SERVICES**

## VACCINATION REQUIREMENTS

We take great care to maintain a healthy environment for your pet/s. Stringent screening and core vaccination requirements are essential to maintaining a healthy environment. Even with rigorous precautions pets, on occasion, may become ill or injured. Our staff will take appropriate action in the event your pet/s requires veterinary care. You (the Pet Owner) are responsible for any and all costs associated with the care of your pet.

Immunization is a very important part of your pet's preventive health care. Most vaccinations are effective and will prevent or minimize the efficacy of an infection / illness. A vaccinated pet may not develop adequate immunity and it is possible for these pets to contract an illness for which they have been vaccinated.

WGAH, Inc. requires all pets entering the facility, for any service, must be current on a set of core vaccinations. Our core vaccination requirements help to protect the health of all pets entering our facility.

### CANINE

Rabies  
DHPP  
Bordetella, every 6 months  
Canine Influenza (H2N8, H3N2)  
Fecal, every 6 months

### FELINE

Rabies  
FVRCP  
Fecal, every 6 months  
FELV/FIV Test

ONLY PETS CURRENT ON CORE VACINATIONS WILL BE ADMITTED TO WGAH, INC. FACILITY.

**CANINE BORDETELLOSIS (Kennel Cough)** - Any canine interacting with other canines runs a risk of contracting an illness including Bordetellosis (commonly referred to as Kennel Cough). Bordetellosis is caused by bacterium Bordetella bronchiseptica, which is often present in the respiratory tracts of many animals. It is a primary cause of tracheobronchitis (kennel cough), which can result in a severe chronic cough. In addition to the cough, some dogs develop a nasal discharge. Transmission most frequently occurs by contact with the nasal secretions of infected dogs.

*Pets that have received regular Bordetella and Canine Influenza vaccination are still at risk of contracting these infections. For further information regarding illnesses and vaccinations we recommend you consult with a veterinarian.*

### PARASITE PROTOCOL

All pets entering the facility must be free of external parasites such as fleas and ticks, as well as internal parasites such as Heartworm, Hookworm, and Roundworm. Any pet discovered with parasites will be administered appropriate treatment to resolve the infestation. You are responsible for any and all costs incurred by WGAH, Inc. for treatment, veterinary care and medication required for the care of your pet/s.

\_\_\_\_\_ (Initial) You declare your pet/s has been free of any external or internal parasites for at least thirty (30) days.

\_\_\_\_\_ (Initial) You declare your pet is on a regular preventative for external and internal parasites including fleas, ticks and heartworm.

### BUSINESS HOURS

**SUNDAY CLOSED • MONDAY – FRIDAY 7:30 am – 5:30 pm • SATURDAY 7:30 am – 12:30 pm**

Business hours are strictly enforced. Pets may be checked-in /checked-out for services only during business hours. All pets remaining in the facility after closing will be boarded until the opening of the next Business Day (standard boarding rates apply). Business hours are subject to change without notice.

Initial \_\_\_\_\_

RESERVATIONS REQUIRED FOR BOADING SERVICES

**TRANSACTION POLICIES AND PAYMENT METHODS**

Payment is due before or upon completion of any service. WGAH, Inc. reserves the right to adjust fees for services without notice. Prices are subject to change. WGAH, Inc. accepts Cash, VISA, MASTER CARD, DISCOVER, AMERICAN EXPRES, CARE CREDIT and Personal/Business Checks (with proper identification) as tender for services rendered.

You may place a credit card on-file for services. Your Credit Card will be charged for services if no other form of payment is presented at the time services are completed. Your signature below indicates that you have placed your Credit Card on file and authorize WGAH, Inc. to charge for completed services or prepayment of specified services.



Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CID Number: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Name as it appears on Credit Card: \_\_\_\_\_

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Date

**COLLECTION POLICY** – Clients are required to settle all charges at time of pick up for services including but not limited to boarding, grooming, medical, veterinary services, property or personal injury within ten business days after services are rendered or WGAH, Inc. will take appropriate collection/legal action.

**RETURN CHECK / CREDIT CARD CHARGE BACK POLICY** - Settlement for all returned check or credit card chargebacks must be made within ten (10) days from bank notice. Settlement for returned checks / credit card charge backs must be made in cash, money order or credit card. Returned check / credit card chargebacks will receive a minimum \$25.00 return fee based on the value of transaction.

**RIGHT TO REFUSE SERVICE** - To protect the health and well-being of your pet/s, other pets, our staff and clients - WGAH, Inc. reserves the right to immediately cancel, refuse or suspend any and all services without notice or stated reason.

**SERVICE AGREEMENT COMPREHENSION AND APPROVAL**

This Service Agreement covers the relationship between you and WGAH, Inc. each time you receive services from WGAH, Inc. You affirm the terms of the Service Agreement and the truthfulness and accuracy of all statements you have made regarding you and your pet/s.

You (the Pet Owner) hereby release and agree to hold WGAH, Inc, its owner’s, employees, associates and agents harmless from any and all manner of damages, claims, losses, liabilities, costs or expenses, causes of action or suits, whatsoever in law or equity (including, without limitation, attorney’s fees and related costs) arising out of or related to any services provided by WGAH, Inc., its owners, employees, or associates.

Services will not be provided by WGAH, Inc. without your full agreement with the Service Agreement. Your signature conveys you understand and agree to all content, conditions and terms specified within the Service Agreement. Terms and conditions of this Service Agreement are subject to change, revision and update. Any changes to the Service Agreement are posted at [wintergardensnimalhospital.com](http://wintergardensnimalhospital.com). A current Service Agreement can be obtained at [wintergardenanimalhospital.com](http://wintergardenanimalhospital.com).

\_\_\_\_\_  
PET/S OWNER NAME (Print)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PET/S OWNER NAME (Print)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Initial \_\_\_\_\_

**RESERVATIONS REQUIRED FOR BOADING SERVICES**

