



BOARDING AGREEMENT

OWNER'S NAME _____ TODAY'S DATE _____

PET'S NAME _____

PICK-UP DATE & TIME (APPROX.) _____

IN EMERGENCY CONTACT: _____ PHONE _____

DIET (TYPE OF FOOD & AMOUNT) _____

If pet is not eating well, cold cuts, etc. may be fed to stimulate appetite- additional fee will apply.

MEDICATIONS REQUIRED (Daily administration fee applies):

DRUG NAME

INSTRUCTIONS

DAY & TIME LAST GIVEN

DO YOU WANT YOUR PET BATHED PRIOR TO PICK-UP? (Complimentary with 7 night stay) YES / NO

FOR DOGS: WE OFFER EXERCISE TIME IN OUR FENCED, OUTDOOR AREAS FOR 30 MINUTES DAILY FOR \$5.00 PER DAY. DO YOU WISH YOUR DOG TO HAVE DAILY EXERCISE TIME, WEATHER PERMITTING? YES / NO

SPECIAL INSTRUCTIONS _____

Please list all personal belongings being left with your pet (ie. toys, food, etc.). The hospital provides bedding. We cannot accept blankets, etc. as all bedding is washed regularly and personal bedding cannot be easily kept track of.

To protect the health of all pets boarding with us, any pet that is diagnosed with intestinal parasites or fleas will be treated at the owner's expense.

The clinic and staff will not be held liable for problems that develop provided reasonable care and precautions are followed. Every effort will be made to contact you or your designated emergency contact if any problem develops. I understand that any problem that develops with my pet will be treated as deemed best by the staff veterinarians and I assume full responsibility for the treatment expense involved.

Owner or Responsible Party

