



Boarding Agreement Form

Client Name _____ Pet's Name _____

Email _____ Primary Phone _____ Emergency Phone _____

Date In _____ Date & Time Out _____ Pet's Belongings _____

To ensure the protection of all the pets under our care, a complete physical examination by one of our doctors must have been done within the past year, and the following vaccinations must be on record and current or they will be administered.

Dogs: _____ DA2PP _____ Rabies _____ Bordetella _____ Canine Influenza

Cats: _____ FVRCP _____ Rabies

Diet: _____ Dried _____ Canned _____ Other: _____ Brand/list items _____

Amount fed per meal _____ Number of meals per day _____

Special Instructions _____

We carry and feed Purina Sensitive Stomach. Any prescription or special diets or preparations must be provided.

Medications: *Should your pet require medicating or special attention, please list below. An additional daily fee may be necessary for this service.* Please list your pet's medications _____

Hygiene Policy: *It is essential that we maintain clean and sanitary conditions for all pets in our care. Any pets which are dirty, have fleas, or soil themselves with urine or feces will receive a bath and/or flea treatment at an additional charge. Any subsequent baths required will be done free of charge.*

Special Services Requested: _____ Examination _____ Fecal Test _____ Bath _____ Anal Gland Expression

_____ Microchip _____ Heartworm Test _____ Nail Trim _____ Wing Trim _____ Annual Wellness Testing

_____ I understand that should my pet require medical care while boarding, I give my permission for said treatment. I request that every reasonable attempt be made to reach me by phone, but that I do assume financial responsibility for all charges incurred and agree to pay such charges at the time of the release of my pet.

Signature

Date