

CANINE BOARDING AGREEMENT



Pet's Name: _____

Breed: _____ Color: _____

Gender: M F Altered? Y N Age: _____

Owner's Name(s): _____

Primary Phone Number _____

Check In Date: _____ Check Out Date: _____

Pick Up Time: _____ After hours fee? _____

Emergency Contact: _____

Primary Vet: _____

Vax check(office use only): 1. _____ 2. _____

VACCINATION GIVEN DATES: Up to date vaccine records must be on file at ACC *before* boarding.

Rabies: _____

Distemper/Parvo: _____

Bordatella (kennel cough): _____

Leptospirosis(recommended): _____

Medication Name & Strength	How Many	How Often	How is this medication given?

(PLEASE INCLUDE ANY SUPPLEMENTS. Use a separate paper if you need more medication lines. Please initial the yellow box(es) below.)

I understand I am authorizing ACC staff to administer medications as per my directions:

Special needs: Insulin injections, 5+meds, teeth-brushing, etc.: _____ \$9.50

Is your pet on Heartworm Prevention? Yes No Flea/Tick Prevention? Yes No

Does your pet get along with other dogs? Yes No Is your pet microchipped? Yes No

What brand of food does your pet eat at home? _____

Are dietary substitutions such as kennel wet food or chicken allowed if your pet is not eating? Yes No

Does your pet have any allergies/ drug sensitivities? Yes No Unknown Allergic to: _____

What are your pet's eating habits at home? Finishes Meals Grazes Varies Not a good eater

Feeding Instructions: _____

Notes about physical condition & temperament: _____

Please list all your pet's belongings you will be bringing: _____

Would you like any **enhancements** for your pet?

- | | | |
|---|---|--|
| <input type="checkbox"/> Play Times- \$9.00
How often: _____ | <input type="checkbox"/> Daycamp- \$16.50
How often: _____ | <input type="checkbox"/> Small Bath (0-25lbs)- \$30 |
| <input type="checkbox"/> Kong- \$5.00 Type: _____
How often: _____ | <input type="checkbox"/> Nail Trim- \$18.00 _____ | <input type="checkbox"/> Medium Bath (26-49lbs)- \$33 |
| | <input type="checkbox"/> Express Anal Glands-\$27.50 | <input type="checkbox"/> Large Bath (50+lbs) - \$36 |
| | | <input type="checkbox"/> No Charge Bath-5+ nights only |

Does your pet have any Doctor appointments while in boarding? Yes No If Yes, give details: _____

My boarding treatment plan states: _____ And is good until: _____

I certify that the information provided above is accurate and corresponds to my wishes during my pet's boarding stay. I understand that BOARDING is \$35.00 a night for the first dog and \$30.00 per night for each additional dog.

SIGNED _____ DATE _____

BOARDING DEPT. MEMBER _____ DATE _____