

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? _____ **Any allergies?** _____

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

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"/> Snuggle Time- \$9.00
How often: _____ | <input type="checkbox"/> Kong- \$5.00 Type: _____ | <input type="checkbox"/> Medium Bath (26-49lbs)- \$33 |
| <input type="checkbox"/> Picture Package- \$9.00 | <input type="checkbox"/> Nail Trim- \$18.00 _____ | <input type="checkbox"/> Large Bath (50+lbs) - \$36 |
| | | <input type="checkbox"/> No Charge Bath-5+ nights only |
| | | <input type="checkbox"/> Express Anal Glands-\$27.50 |

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 _____