

Dog Boarding Agreement

Pet Name: _____ will be boarding with us from ___/___/___ to ___/___/___
Please call us 24 hours in advance if this schedule changes

Owner Name:

Emergency Numbers

Boarding charge: \$25.00 per day

Note: All pets receive a Capstar flea treatment (no charge) Does your pet have food allergies? Yes / No

Your pet must be up-to-date of the following: If vaccinations were done at this clinic, please skip this section.

Vaccine	Where Vaccinated	Date of last vaccination
DHP+P		

Rabies _____

Bordetella _____

(3 days prior to boarding)

Do you want your pet to have a bath on the day of pick up? PLEASE mark appropriate box. (PICK UP AFTER 4PM)

<u> </u> NO BATH	<u> </u> Regular @ \$ <u> </u>	No-Frills @ \$20.31	Long hair \$26.56
	(anal glands, nails, ears)	(bath only, no extras)	

Is your pet chewer of bedding?

Are they on medication? Yes No If yes, describe _____
Have they been medicated today? No Yes

What does your pet eat? _____ how much? _____ How many times per day? _____
We encourage you to bring your own food to avoid a sudden change in diet.
If not, we feed Hill's Science Diet adult dry food.

Please list personal items at the bottom of this page.

Please read and sign the statement below:

Should an emergency occur with your pet, every effort will be made to contact me first with a treatment plan and estimated costs before treatments proceed. If I cannot be reached at any of the phone numbers above, treatments will proceed, and the charges will be added to my account to be paid on pick-up day.

Signature