

Dog Boarding Agreement

<animal> will be boarding with us from ___/___/___ to ___/___/___
Please call us 24 hours in advance if this schedule changes

Owner <**first-name**> <**last-name**>

Emergency Numbers _____

Boarding charge: \$27.50 per night

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

<animal> 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
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DHP+P

Where Vaccinated

Date of last vaccination

Rabies

Bordetella

(3 days prior to boarding)

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

_____ NO BATH _____ Regular @ \$ _____
(anal glands, nails, ears)

No-Frills @ \$20.31 Long hair \$ 26.56
(bath only, no extras)

Is <animal> chewer of bedding?

Is <he> on medication? Yes No If yes, describe_____

Has <he> been medicated today? No Yes

What does <animal> 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 read and sign the statement below:

Should an emergency occur with <animal>, 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

Please list any personal items being left with pet.