

# BOARDING AGREEMENT

Monday-Friday 7am-7pm, Saturday 8am-3pm, Sunday-Closed

Client Name: \_\_\_\_\_ Pet(s) Name: \_\_\_\_\_

Drop off Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Pick up date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Check in time: \_\_\_\_\_ Pick up time: \_\_\_\_\_

Run \$30.00/day    Puppy \$30.00/day    Cage \$27.00/day    Cat:\$19.00/day

Medications/Special handling fee: additional \$3.00/day    Medical boarding :\$56.85

**CHECK IN/OUT TIME IS AT 12PM ADDITIONAL DAY CHARGE WILL APPLY IF DIFFERENT**

For your pets protection, **all vaccinations and dewormer must be current.** Your pet **must be free of external and internal parasites. If not, treatment will be done at your expense.** We do not board fleas! If needed, a flea treatment will be given and you will be responsible for the cost. Multiple family pets will be housed separately, unless specified otherwise in writing.

**Special/Feeding instructions:**

\_\_\_\_\_

**Medications Required While Boarding (if any, additional \$3.00/day fee):**

\_\_\_\_\_

**Additional Special Services (VIP -Very Important Pet Services):**

You may request that special services be provided while your pet is in our care. A few of the additional services we offer are listed below.

- |  |   |
|--|---|
| <input type="checkbox"/> Pedicure.....\$23.00            | <input type="checkbox"/> Anal Sac Expression.....\$27.00          |
| <input type="checkbox"/> Microchip ID.....\$57.04        | <input type="checkbox"/> Bath & Brush.....\$Request Estimate      |
| <input type="checkbox"/> Physical Exam.....\$48.82       | <input type="checkbox"/> Annual Blood Test.....\$Request Estimate |
| <input type="checkbox"/> Fecal Analysis..... \$29.90     | <input type="checkbox"/> Vaccinations.....\$Request Estimate      |
| <input type="checkbox"/> Brushing Teeth per day...\$5.00 | <input type="checkbox"/> Drontal Plus.....\$20.00                 |

The utmost care will be used against injury, escaped, or death of your pet(s). The clinic and its staff will not be held liable for problems that develop, provided that reasonable care and precautions are followed. I understand that any problems that may develop with my pet will be treated as deemed best by staff/Vet. I assume full responsibility for the treatment expenses. I understand there may be times when no personnel are on the premises.

**My maximum expense limit is \$** \_\_\_\_\_

Signature \_\_\_\_\_ Emergency # \_\_\_\_\_

For office use only

List any belongings left with pet: \_\_\_\_\_

\_\_\_\_\_

Leash/Harness Returned     Vx record Verified  
 Vx Record entered in comp.     ID Labels  
 No. days: \_\_\_\_\_    Tech exam \_\_\_\_\_    Teeth \_\_\_\_\_    Eyes \_\_\_\_\_  
 \$ Per night \_\_\_\_\_    \_\_\_\_\_    Ears \_\_\_\_\_    Parasites \_\_\_\_\_

