

# BOARDING AGREEMENT

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

Weight: \_\_\_\_\_

Drop off Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Pick up date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Check in time: \_\_\_\_\_

Pick up time: \_\_\_\_\_

Up to 60lbs \$15.00, 60lbs to 100lbs \$20.00, 100lbs and up \$25.00, Cat: \$10.00

Medications/Special handling fee: additional \$3.00/day

**CHECK IN/OUT TIME IS AT 12PM ADDITIONAL DAY CHARGE WILL APPLY IF DIFFERENT  
SUNDAY PICK UP TIME IS BETWEEN 10-11AM**

For your pets protection, all vaccinations 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 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.

- |                                      |   |
|--------------------------------------|---|
| ____ Pedicure.....\$13.95            | ____ Anal Sac Expression.....\$17.95          |
| ____ Microchip ID.....\$49.94        | ____ Bath & Brush.....\$Request Estimate      |
| ____ Physical Exam..... \$29.50      | ____ Annual Blood Test.....\$Request Estimate |
| ____ Fecal Analysis..... \$24.97     | ____ Vaccinations.....\$Request Estimate      |
| ____ Brushing Teeth per day...\$5.00 |   |

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. **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

