

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Boarding Contract for: \_\_\_\_\_

**Required Expenses to Owner (Per Pet)** – Charges include 2 meals/day, 2 walks/day, daily weight checks, monitor behavior, climate controlled, free bath after 3 nights stay (done day of planned checkout, no rain checks/must pick up after 12pm).

0 – 25 lbs: \$14.00

26 – 50 lbs: \$14.50

>50 lbs: \$16.00

**Optional Boarding Services** – Please initial space provided to request optional service,

\*Pets not picked up by date of check out may be downgraded to appropriate sized kennel as space allows.

- 1. \_\_\_\_\_ Upgrade to run \$3.50 per pet/per night  
\* if available during time of stay
- 2. \_\_\_\_\_ Upgrade to larger kennel \$2.50 per pet/per night  
\* if available during time of stay
- 3. \_\_\_\_\_ Extra playtimes/outside times \$2.00 per 15 min. session # requested per day \_\_\_\_\_

**Family Boarding** - Please initial space provided to request optional service

- 1. I would like my pets \_\_\_\_\_ to board together.

**\* I understand that if my pets fight during boarding they will be separated. Any injuries that occur will be treated at owner expense.**

**Veterinary/Grooming Services** - Please initial in space provided to request optional services.

- \_\_\_\_\_ Exam - \$40.00    \_\_\_\_\_ Intestinal Parasite Screening - \$21.00    \_\_\_\_\_ Heartworm Test - \$22.00
- \_\_\_\_\_ Express Anal Glands - \$15.00    \_\_\_\_\_ Nail trim - \$14.00
- \_\_\_\_\_ Hospital Staff Bath - \$20.00 -43.00    \_\_\_\_\_ Professional Grooming – Ask a staff member for pricing

**Medical Condition** – Please fill out all requested information completely.

- 1. Please list any medical conditions we should be aware of: \_\_\_\_\_
- 2. Will your pet need medications administered while staying with us?    **Yes**    **No**  
\* **There is a \$2.00 fee for administration of medication per time administered - must be in original container.**  
If answered yes, please list medications and describe to us how you are currently giving them at home.  
\_\_\_\_\_

**Your Pet's Care** – Please fill out all requested information completely.

- 1. I have provided food for my pet    **Yes**    **No**  
\***Kennel Food: Hill's Science Diet Sensitive Stomach dry dog food**
- 2. My pet is currently fed \_\_\_\_\_ **Cup/s**    **Can/s**    \_\_\_\_\_ times daily.
- 3. Please list and describe all belongings being left with your pet: \_\_\_\_\_

**Statement of Liability** – Please initial after reading. \_\_\_\_\_

**For the health and protection of all boarding pets, vaccinations must be current with a licensed veterinarian. If no proof of vaccination is provided, vaccines will be administered at owner expense. If fleas or ticks are observed, all pets will be treated at owner expense. Any health problems or injuries that occur while boarding will be treated by Dr. Hudson and staff at owner expense. The hospital is not responsible for lost or damaged personal belongings.**

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_