

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

**Required Expenses to Owner (Per Pet)** – Charges include 1 meal at owners request, 1 walk, weight check, monitor behavior, climate controlled. If pet is not picked up by the close of the business day, then overnight boarding charges will be added.

Day Care – Small: \$10.00 Day Care – Large: \$12.00

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

\_\_\_\_\_ Extra playtimes/outside times \$2.00 per 15 min. session # requested \_\_\_\_\_

**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.**

**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 if you would like us to feed your pet while here.

1. I have provided food for my pet Yes No

**\* Kennel Food: Hill's Science Diet Sensitive Stomach dry 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: \_\_\_\_\_