



Boarding Agreement

If your pet shows signs of a medical problem while boarding we will ask a Doctor to examine and treat your pet. The fees will be added to your bill. Please provide a number to reach you or your agent as we would prefer to discuss the problem with you prior to treatment. If you wish to put limits to this care, in the event that we cannot reach you or your agent, please indicate those limits here.

Emergency Contacts / Telephone: _____

Time Zone/Location for Contact Person: _____ **Medical Treatment Limits for Pet:** _____

Some animals become anxious and agitated during their confinement. Should your animal bark excessively or express aggression or similar behavior, our doctors will prescribe medications such as tranquilizers, pheromone sprays or mild sedatives; a citronella bark collar may also be used. Additional charges will apply for these treatments. These treatments will only be administered under the orders of a veterinarian and only if needed because of extreme agitation. **If you authorize these treatments, please sign here indicating your approval:**

Signature: _____ **Date:** _____

If you object to this treatment, please provide contact information for someone who will be immediately available to pick up your pet. If we are unable to contact this person, treatments may be administered.

Would you like an Email update during your pet's stay? Yes No

Email Address: _____

We can offer your pet Purina EN foods. If your pet needs another food please supply a sufficient quantity for their stay. If we supply a special diet for your pet, we will add the charge to your bill and send home any remaining food.

Food: _____ **Has your pet eaten today?** Morning Evening

Feeding Instructions: Feed _____ cups _____ times per day Feed _____ cans _____ times per day

Any Food Sensitivities? _____

Owner Provided Bedding & Toys: *(please list and include washing instructions)* _____

Medications: *(Please indicate the medication and when they should be administered.)* _____

Has your pet received medication today? _____ Morning Evening

Please list any medical procedures to be done during your pet's stay: _____

Bath: Yes No **Date:** _____ **Nail Trim:** Yes No **Date:** _____

Flea Med: Yes No **Medication:** _____ **Date due:** _____ *(If we see fleas, we will check your chart and give flea meds)*

Please sign here to confirm that you have read our policy statements and agree to the terms described herein.

Signature: _____ **Date:** _____

Owner's Name: _____ **Pet's Name:** _____

Estimated Pick-up Time/Date for pet: _____