

BOARDING AGREEMENT

Name _____ Date _____ Time _____
 Address _____
 City _____ State _____ Zip _____
 In Emergency Contact _____ Phone _____

| | | | |
|---------------------|-------------------|-------------------|-------------------|
| Pet's Name → | | | |
| Vaccinations | Date Given | Date Given | Date given |
| Rabies | | | |
| DHLPP / FVRCP | | | |
| Bordatella | | | |

| | | | |
|------------------------|--|--|--|
| Flea Prevention | | | |
|------------------------|--|--|--|

| | | | | | | |
|-------------|-----------|-----------|-----------|-----------|-----------|-----------|
| Diet | am | pm | am | pm | am | pm |
| How Much | | | | | | |

Medications Required _____

Special Instructions _____

Brought (toys, bowls, bed, etc) _____

Pickup Date _____ Approximate time _____

Note: Boarding charges for partial days are calculated as such:

Pickups - Before 8:30am @ no charge; 8:30am - 1pm @ ½ charge; after 1pm @ full charge; Thursday @ full charge (open @ 3pm)

After hours - Saturday evening @ full charge; Sunday morning at ½ charge; Sunday evening @ full charge

Drop off - Before 2pm @ full day charge

The utmost care and precaution will be used against injury, escape or death of the above mentioned pet. The hospital and its staff will not be held liable for problems that develop, provided reasonable care and precaution are followed. I understand that any problem that develops with my pet will be treated as deemed best by the staff veterinarian and that I assume full responsibility for the treatment expense involved.

Furthermore, I also understand that I will pickup my pet on the above agreed date and time, unless agreed otherwise. Any pet not picked up for more than seven days beyond the agreed date will be considered abandoned and the staff of A Central North Animal Hospital reserves the right to dispose of the pet as deemed necessary.

Full deposit needed for prolonged boarding.

Boarding charges @ \$ _____ per day

Signature of a responsible party