

Boarding Policy Agreement

Owners Name _____ Pets name _____ \ _____ \ _____

Check in Date _____ Pickup Date: _____ Expected Pickup Time: _____

I do ___ do not ___ request a bath

I understand and agree to this boarding agreement and I agree TO ANY TREATMENT DEEMED NECESSARY if illness occurs (Owners INT.) _____

I also agree to allow walking of my dog in our fenced yard. (Owners INT.) _____

Is your pet receiving any medication or any special needs or instructions?

All pets will be checked for fleas and ticks on admission and appropriate treatment applied. (Owners INT.) _____

Has your pet been treated with anything for fleas and ticks in the last two weeks?
No ___ Yes ___ Type of Treatment _____.

Signature of Responsible Party: _____

Contact or Emergency Phone # _____

Staff –

New Boarders given Boarding Policy Sheet and signed - _____

After Hours Pickup Policy Discussed with owner: ___ Policy Sheet Given to owner: ___

Owner brought food? _____
What kind, how much and how often? _____

If not, what type are they feeding? Canned _____ Dry _____? How much? How often? _____

Is pet receiving any medication? _____ Discuss with owner! _____
How are you giving the medication? _____

Vaccinations current – Yes ___ No ___
Ck for fleas or ticks on admission by: _____
