



Canine Boarding Agreement

Date: _____ Date of Pick up: _____

Owner: _____

Pet(s):	Bath:	Medication:	Spayed or Neutered
_____	Y or N	Y or N	Y or N
_____	Y or N	Y or N	Y or N
_____	Y or N	Y or N	Y or N

Person(s) to be contacted in case of Emergency:

Pet's Belongings: (carrier, toys, bedding, etc):

Special Instructions: Please include detailed medicine/feeding instructions:

Vaccination Policy

(* Please initial where indicated)

Canine: Must be current on DA2PPV, Rabies, and Bordatella (Kennel Cough) vaccinations without exception.

* _____ If vaccinations are not up to date, or unable to provide proof of current vaccinations, I give permission to update my pet(s) vaccinations in accordance with the above policy.

- In addition, if any fleas/ ticks are observed on your pet(s) while boarding, he/she will receive a flea bath and Parastar application at owner's expense.

Medical Illness Policy

(* Please initial one option below)

One of the advantages of boarding your pet(s) at a veterinary clinic is that veterinary attention is readily available should the need arise. If your pet(s) become ill, we will call the emergency number(s) listed above regarding your pet's symptoms, treatment options, and estimate of additional costs.

If no one can be reached, please indicate your wishes below should your pet(s) require treatment to relieve immediate discomfort or to resolve an important medical condition.

* _____ Please perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached. This includes only non elective treatments and necessary diagnostics.

* _____ I authorize up to \$ _____ (indicate amount) in medical care until someone can be reached.

* _____ DO NOT administer any medical treatment until specific authorization is given.

Please finish form on reverse side.

We also offer supervised playtime in our fenced half acre for an addition \$8.00 per session. Weather permitting, playtime lasts 30 minutes to 2 hours and is done daily.

Playtime Yes No (Circle One)

_____ Individual Playtime Canine (Additional fee is \$8.00 per session/day)

_____ Social Playtime Canine (Additional fee is \$8.00 per session/day)

How often would you like your dog to have playtime? _____

***Playtime will automatically be done daily if nothing is written in the above blank.**

- Canines showing any signs of aggressive behavior and intact males and females will not be allowed to participate in Social Playtime.
- All dogs are screened for aggressive behavior, but fights can and will still occur. I understand that the staff will do all they can to prevent fighting. I also understand that it is possible for a dog to sustain wounds from playing rough
- I understand that I will be held financially responsible for any medical bills incurred as a result of my dog participating in Social Play, including medical bills incurred as a result of my dog injuring another.

I have read and understand this agreement. I fully intend to pick up my pet(s) on the above specified date. If circumstances change, I will notify the veterinarian of a new pick up date.

Signed

Date