

Boarding Agreement

For Day and Overnight Boarding

Owner's Name:		Pet's Name:
Emergency Cont	act (Name & Phone #)	
Dates of Boardin	g:	
If owner is not reachable, and injury has occurred, owner consents to treat at doctor's discretion.		
Feeding Instru		ners to bring their pet's food. Change in diet t. Please note: Dry only meals are only included overnight.
Owner's Food	Purina EN 🗖	
How often is you	r pet fed and how much?	
Are treats OK?	Yes 🔲 No 🔲	
a		their original labeled container. If the current inal label, please be sure to bring this to the er doing your check-in.
Does your pet ta	ke medications? Yes	No \square If yes, please list below w/instructions
1		3
2		4
Does your pet ha	ave any additional medical	problems we should be aware of?
Is your pet on a	ny flea/tick control? No	】 Yes □ If yes, what kind?
Personal Items	: (please list each item an	d its color)
Collar 🔲	Harness $lacksquare$	Leash \square
Bedding \square		
<u> </u>	ive a tendency to eat beddi	ng or towels?
· —		
Other \coprod		
My Pet: IS a flig CAN play with ot	_	·
While boarding	, my pet needs a:	
Bath G	room 🔲 💮 Nail Trim 🕻	Other:
FIV tested. Pets may boarding that is seen	be updated on vaccines while be to have fleas or ticks will be tre	s. Proof of vaccination is required. Cats must be FELV and coarding at Doctor's discretion. Any pet admitted for lated at Doctor's discretion and at owner's expense. In injury that may occur while playing or boarding.

Owner /Agent Signature: ______ Date : _____