The Family Pet Boarding Agreement

OFFICE USE ONLY

Pet Name: ___________________ Client Name: ___________________

Drop Off Date: ____________ Pick Up Date: ____________________ AM/PM

Vaccinations Due:

Dogs: Rabies: ______/____/____ DHPP: ______/____/____ Bordetella: ______/____/____
Cats: Rabies: ______/____/____ FVRCP: ______/____/____ FeLV(opt): ______/____/____
Fecal: ______/____/____

Feeding:

Diet: ___________________________ Next Meal: __________________________
Amount: __________________________ Frequency: __________________________
Allergies: ___________________________________________________________

Medication/Supplement Dosage Frequency Last Given

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Requested Treatments/Services (additional charges will be added to your bill):
(Example: exam, vaccines, bath, nail trim, anal gland expression, application of flea control product)

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Owner to Initial:

____ I understand that I will be charged for the day of check-in, regardless of time, and that the check-out time is 12:00pm noon (I will not be responsible for that day if picked up before then, and will only be charged if picked up after).
____ I understand that if any vaccines are due or no proof of vaccines AT THE TIME OF CHECK IN, according to The Family Pet policy, they will be administered and I will be responsible for all charges.
____ I understand that should fleas be found on my pet, hospital staff will administer flea treatment (either topical flea medication or oral doses of Capstar), and that I will be responsible for the charges.
____ I understand that additional charges will be added for handling if my pet creates unsanitary boarding conditions or is not easily manageable. I also understand that administering medication to my pet will necessitate an additional per-day fee.
____ I understand that my pet's health is a priority and if I am not able to be contacted for authorization, basic or emergent medical care will be provided for my pet at the doctor's discretion, and that I will be responsible for the charges.
____ I understand that all charges will be due at the time of check-out.
____ I understand that in the event of a fire or a natural disaster, The Family Pet will not be held responsible for any injury or loss of life sustained.
____ I understand that if I bring any belongings to be left with my pet, there is a chance they will be lost and/or damaged. The Family Pet is not responsible for any lost or damaged items.

Pet's Belongings: ____________________________________________________________
DOG PLAYTIME WAIVER

☐ Yes, I do want my dog to have outside playtime WITH OTHER dogs while boarding.
☐ Yes, I do want my dog to have outside playtime WITHOUT other dogs while boarding.

Owner accepts full responsibility, financial and otherwise, for any and all injuries or illnesses their dog may experience while at The Family Pet.

Owners are fully responsible for any aggression or injuries their dogs may instigate. Also, owners are responsible for any vet bills incurred if their dog injures another dog.

Please check which days you would like your dog to have playtime. Playtime is $8.00 per day, by checking off these days you acknowledge said charge. Please note that if due to weather your pet does not receive playtime, you will not be charged.

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

CAT QUALITY TIME

Please check which days that your cat would like some extra 1 on 1 time.

Playtime is $8.00 per day, by checking off these days you acknowledge said charge.

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

In case of a life threatening injury/illness:
☐ Yes, please administer CPR to my pet.
☐ No, please do not administer CPR to my pet.

Would it be okay if we took a picture of your pet and put it on social media? ☐ Yes ☐ No

Signature of Owner or Agent: __________________________Date: ___/___/_______

Is there a phone number you can be reached at? ______________________________

***If I have made arrangements for another person to pick up my animal from boarding, I understand that I need to prepay or put a credit card on file when my pet is admitted.***

Person picking up: _______________________________ Phone #: __________________

Emergency Contact: _______________________________ Phone #: __________________