

CAT AND DOG BOARDING AGREEMENT

Date of Admission _____ Time _____ a.m.
p.m.
Date of Release _____ Time _____ a.m.
p.m.

Owner's Name Miss Ms. Mrs. Mr. Dr. _____
(Last) (First)

Home Phone (_____) _____

Emergency: Vacation Number (_____) _____ St. Louis Number (_____) _____

Pet's Name _____

Medicine/Heartworm/Vitamins _____

Special Instructions _____

Feeding Instructions _____

Yappy Hour - Treat your furry friend to a "Frosty Paws" ice cream treat \$ _____ X _____ day _____ (initial)

Supplies: Collar _____
Leash _____
Harness _____
Bedding _____
Food _____
Toys _____
Bowls _____
Medication _____
Other _____

Bath? Yes No Charge = \$ _____ / _____ (initial) Daily Cage/Run Charge \$ _____ / _____ (initial)

*****ALL CATS AND DOGS ARE REQUIRED THAT WE HAVE PERFORMED A PHYSICAL EXAM WITHIN THE LAST YEAR AND ARE VACCINATED BY US WITHIN THE LAST YEAR INCLUDING BORDETELLA VACCINE.**

*****ON THE DAY OF DISCHARGE, PLEASE CALL IN ADVANCE TO SET UP A RELEASE TIME. THERE WILL BE NO PETS RELEASED ON SUNDAYS OR HOLIDAYS. IF YOU CANNOT PICK UP YOUR PET ON THE DISCHARGE DATE AS SCHEDULED, PLEASE CONTACT THE CLINIC.**

*****WE WILL NOT BE HELD LIABLE OR RESPONSIBLE IN ANY MANNER RELATED TO THE CARE, AND/OR SAFE KEEPING OF YOUR PET, ADMITTED BY US, IF ALL REASONABLE PRECAUTIONS AGAINST INJURY, ESCAPE, DESTRUCTION OR ILLNESS OF YOUR PET IS TAKEN.**

*****IN CASE OF ILLNESS, I AUTHORIZE TESTS AND TREATMENT NECESSARY TO ENSURE THE HEALTH OF MY PET.**

Charges not to exceed _____ \$250.00 _____ \$500.00 _____ \$1000.00 (Designate by circle and initial.)

Owner Signature _____

Other Person & Relationship _____

Staff Witness _____