

Signature of responsible party \_\_\_

## **Boarding**

Date: \_\_\_\_\_

| Owner's Name: Pick Up Date:   |   |  |                     |  |
|---|---|--|---------------------|--|
| Pet's Name  | Phor  | Phone                                      |                     |  |
| Emergency Phone   | Emai  | il   |                     |  |
| Diet  | Amount  | Freque                                     | ency                |  |
| Medication or Treatment   | ?   |  |                     |  |
| **Extra charges apply if your pet   | requires medication or a special diet.                                    | CANINE                                     | FELINE              |  |
| <b>VACCINATION STATUS -</b> We MUST have proof of vaccinations!  **Dogs are required to have DHLPP-CVK and Bordetella to board at our facility. |   | DHLPP CVK:                                 | Rabies:             |  |
| **Dogs are required to have DHLPP-<br>**Cats are required to have FVRCP to  |   | Bordetella:                                | FVRCP:              |  |
| We reserve the right to dip your pet if we discover fleas or ticks<br>upon entry - you will be charged for this service.                        |   |  | Leukemia:           |  |
| Do you want your pet to   | receive a complimentary bath t  | he day of discharge?                       | YES / NO            |  |
| <b>Do you want your dog to</b><br>Customary grooming rates a  | b be professionally groomed, if pply)                                     | possible, on the day of o                  | discharge? YES / NC |  |
|   | tressful and lead to potential disea<br>ve cannot reach you, do you autho |  |                     |  |
| Medical and surgical fees s<br>Not over - \$  | should be limited to:<br>Or Between - \$                                  | and \$                                     |                     |  |
|   | est?  |  |                     |  |
| Are there any other servic  | es that need to be done for your  | pet while boarding?                        |                     |  |
| VACCINATIO  | ONS TESTS 8   | SERVICES                                   |                     |  |
| CANINE F  | ELINE   | Physical Examination                       |                     |  |
| DHLPP CVK   | Rabies  | Internal Parasite Exam (fecal)             |                     |  |
| Bordetella  | FVRCP   | Microchip Implantation (AVID Microchip ID) |                     |  |
| Rabies  | Leukemia  | Heartworm Blood Test (D                    | Dogs)               |  |
|   |   | Toe Nail Trim                              |                     |  |

WE DO NOT PROVIDE 24 HOUR CARE! Discharges will be after 2pm on pick-up date

\_\_\_\_\_ Bath \_\_\_\_ Dip

Witness \_