The Family Pet Boarding Agreement

OFFICE USE ONLY			
	_ Client Name:		
Drop Off Date:	Pick Up Date:		AM/PM
Vaccinations Due: Dogs: Rabies:/ Cats: Rabies:/	_/ DHPP://_ / FVRCP://_ Fecal://_	Bordetella: FeLV(opt):	
Feeding:		Niant Maal	
Diet: Amount:	Frequency:	Next Meal:	
Allergies:	Trequency:		-
Medication/Supplement	Dosage	Frequency	Last Given
	nts/Services (additional charge bath, nail trim, anal gland expression	•	
check-out time is 12:00pm noon (will only be charged if picked up a I understand that if any vaca according to The Family Pet polic I understand that should fle (either topical flea medication or c I understand that additional c boarding conditions or is not easi to my pet will necessitate an additional conditions.	after). cines are due or no proof of vaccey, they will be administered and as be found on my pet, hospital social doses of Capstar), and that I charges will be added for handlingly manageable. I also understantional per-day fee. The ealth is a priority and if I am not a medical care will be provided for the charges. will be due at the time of checket of a fire or a natural disaster, The fife sustained. The provided for the sustained of the sustained of the period of the sustained of the period of the period of the sustained of the period of the period of the sustained of the period of the period of the sustained of the period of the per	day if picked up beforman day if picked up beforman day if picked up beforman day in the staff will be responsible to the responsible of the staff will administer flowed that administering ble to be contacted from the pet at the doctor out. The Family Pet will not bet, there is a chance of the staff picked and the staff picked will not bet, there is a chance of the staff picked will not bet, there is a chance of the staff picked will not bet, there is a chance of the staff picked will not bet, there is a chance of the staff picked will not bet, there is a chance of the staff picked will not be staff picked will n	or then, and OF CHECK IN, for all charges. ea treatment for the charges. Insanitary medication or Is discretion, It be held

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 <u>WITHOUT</u> 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 <u>days</u> 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
2 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 an life threatening injury/illness: No, 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? No
Signature of Owner or Agent:Date:
***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 #: _____