

ANIMAL CARE CLINIC

ANIMAL CARE CLINIC CANINE BOARDING AGREEMENT

Check-In Date:

Pick-Up Date:

Owner(s) Name:

Phone:

PET NAME	BREED/AGE	MEDICATION	BATH	GROOM
		YES / NO	YES / NO	YES / NO

PERSON(S) TO CONTACT IN CASE OF EMERGENCY:

EMERGENCY TELEPHONE NUMBERS:

MEDICATION INSTRUCTIONS: ___ \$4.00 per day, per pet Time to give medication: _____ Did we give today: _____

FEEDING INSTRUCTIONS:

Did we eat this morning: Yes No

Did we eat dinner: Yes No

VACCINATION POLICY: All items in **BOLD** must be up to date. To insure the protection of all pets under our care, the following must be up-to-date: (Dates Indicated are Actual Due Dates.)

CANINE VACCINE HISTORY

* INDICATES REQUIRED VACCINES

*RABIES 1 & 3 year	*DHPP 1 & 3 year	*BORDETELLA (6 mos) inject/intra nasal	*CANINE INFLUENZA	LEPTO	LYME	HEARTWORM TEST	*FECAL (6 mos) Date Done
APPROVED	APPROVED	APPROVED	APPROVED	APPROVED	APPROVED	APPROVED	APPROVED
\$30.75/\$52	\$27/\$64.50	\$29.25	\$41.00	\$25.00	\$29.85	\$45.50/\$53	\$35.00

IF INTESTINAL PARASITES ARE DISCOVERED IN THE FECAL EXAM, MY PET WILL BE TREATED AND I WILL BE CHARGED ACCORDINGLY. ALSO, IF ANY FLEAS OR TICKS ARE FOUND ON MY PET, THEY WILL BE TREATED AND CHARGED

Initial:

MEDICAL ILLNESS POLICY

If your pet becomes ill, we will call the emergency number(s) listed above. If no one can be reached however, please indicate your wishes below should your pet require treatment.

___ Please perform whatever services the Doctor deems necessary until someone can be reached. I authorize medical care for my pet up to the amount indicated:

\$ _____ \$100.00 \$200.00 \$500.00

___ I am aware that Basic Medical Treatment will be provided (without phone call) (A Maximum Charge of \$25.00)

BOARDING PLAYTIME OPTIONS

PLAYTIME

Amount of Playtimes:

Total \$:

I APPROVE PLAYTIME \$11.00 PER 15 MINUTE
SESSION

I DECLINE PLAYTIME

The return of personal items such as bedding, blankets, toys etc can not be guaranteed or promised to be returned in the same condition as when dropped off.

By choosing to have my dogs boarded together, I hereby release Animal Care Clinic from all liability if my dogs should cause harm/injury to each other or themselves while boarding. In addition, I understand that I am responsible for all charges incurred should medical attention due to injury be required, regardless of my Medical Illness Policy wishes as indicated on the previous page.

If you choose to have your pets boarded together,
please be aware that your pets WILL NOT BE SEPARATED FOR FEEDING

I, OWNER/AGENT FOR THESE PETS, CHOOSE:

_____ (1) TO HAVE MY DOGS BOARDED TOGETHER

_____ (2) NOT TO HAVE MY DOGS BOARDED TOGETHER

I HAVE READ AND UNDERSTAND THIS AGREEMENT. I FULLY INTEND TO PICK UP MY PET(S) ON THE ABOVE SPECIFIED DATE. IF CIRCUMSTANCES CHANGE, I WILL NOTIFY ANIMAL CARE CLINIC IMMEDIATELY. IN ADDITION, I UNDERSTAND THAT PAYMENT IN FULL FOR ALL SERVICES PROVIDED WILL BE DUE/PAYABLE AT THE TIME I (OR AUTHORIZED AGENT) PICK UP MY PET(S). I UNDERSTAND THAT IF I DO NOT PICK MY PET UP ON THE DESIGNATED DATE, I WILL BE CHARGED ADDITIONAL NIGHTS FOR BOARDING.

TODAY'S DATE

OWNER / AUTHORIZED AGENT SIGNATURE

I grant Animal Care Clinic, its representatives and employees the permission to take photographs of Bacci
I understand that the images may be used in print publications, online publications, presentations, websites, and social media.

Today's Date

Signature

_____ RECEPTIONIST

_____ KENNEL ASSISTANT

_____ TECHNICIAN

_____ DOCTOR

(#636 - ACC/SE, K9 BOARDING, Issued/Revised:1/2018)

IF YOU ARE PLANNING ON HAVING A FRIEND OR RELATIVE PICK UP YOUR PET PLEASE PROVIDE US
WITH THEIR NAME AND PHONE NUMBER *ID is required at pick up: