

## Boarding Agreement

Owner \_\_\_\_\_ Pet(s) \_\_\_\_\_  
Boarding \_\_\_\_\_

Dates of stay \_\_\_\_\_ to \_\_\_\_\_ (returning this month) \_\_\_\_\_ to \_\_\_\_\_

**Sunday Pickup – Sunday pickup is available from 11am until 12pm only.**

*There is a \$10.00 Sunday pickup fee. We must know for sure if you will be picking your pet(s) up on Sunday.*

**Guests picked up after twelve p.m. the day of pick-up are charged for that day.**

**Boarding Level:** Top Dog Hot Dog Good Dog Puppy  
**Boarding Location:** JR DC RR DW

Feline Boarding:  1 Room Condo  2 Room Condo

Feline Boarding:  1 Room Fancy  2 Room Fancy

**We also offer additional services:**

Additional Walks – How many per day? \_\_\_\_\_

Additional Play times – How many per day? \_\_\_\_\_

**Emergency Contact:** Please give **two** numbers of someone to be reached (this can include you if you will be reachable).

\_\_\_\_\_  
\_\_\_\_\_

**Pet's Belongings:** We will not be responsible for any personal belongings left with your pet(s).

\_\_\_\_\_  
\_\_\_\_\_

**Special Instructions:** Are there any commands or special words your pet(s) are familiar with?

\_\_\_\_\_  
\_\_\_\_\_

**Did you bring your pet(s) own food?** Y N (Please circle) Feeding Instructions:

AM \_\_\_\_\_

PM \_\_\_\_\_

**Medication(s):** Y N (Please circle) **There will be a charge per day for prescription administration.**

AM \_\_\_\_\_

PM \_\_\_\_\_

Have you given the medication for today? \_\_\_\_\_

**Y N Can we give anxiety medication?** If your pet experiences separation anxiety or cage anxiety may we administer oral calming treatments?

**Y N Can we treat for soft stools?** If your pet should experience soft stools at the beginning of his/her stay due to the change in environment, may we administer a medication to ensure that this situation does not turn into a severe case of diarrhea. **There will be an additional charge of \$19.99.**

**Please read and initial:**

\_\_\_\_\_ If vaccinations are not up-to-date, or I am unable to provide proof of vaccination, the following services will be rendered and the appropriate charges made to my account.

\_\_\_\_\_ If my pet has not been seen by the doctor's at BBPH and is due for any vaccine an exam is required prior to vaccinations.

\_\_\_\_\_ My pet must be free of internal and external parasites. If any fleas/ticks are observed or intestinal problems arise with my pet(s) while boarding, appropriate medication or any other treatment will be done and the charges made to my account.

**Any treatments your pet(s) are due for are listed below:**

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE CIRCLE:**

Boarding Bath: YES / NO

Nail Trim: YES / NO

Grooming: YES / NO Date grooming: \_\_\_\_\_

**Your pets will have a boarding bath if staying three nights or more, unless your pet has a groom scheduled before leaving from this boarding appt., for an additional charge (Excluding Cats).**

**Brand of Flea prevention you use: \_\_\_\_\_ Last applied: \_\_\_\_\_**

**If you have not applied flea prevention within thirty days we will apply it for an additional charge.**

**Photography Release:**

**Y N** \_\_\_\_\_ **(Please Initial)** I authorize Blackbob Pet Hospital to publish photographs taken of my pet(s) while boarding for use in the hospital's publications including those that are printed, published online, or created in video form.

**Medical Illness Policy**

In the event your pet(s) become ill we will call the emergency number(s) listed above regarding your pet's symptoms, treatment options and estimate of additional charges. If no one can be reached however, please indicate your wishes below should your pet need required treatment to relieve immediate discomfort.

\_\_\_\_\_ Please perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached. This includes non-elective treatments and necessary diagnostics.

\_\_\_\_\_ I authorize up to (initial one or indicate amounts)\$\_\_\_\_\_ \$100\_\_\_\_\_ \$200\_\_\_\_\_

\_\_\_\_\_ Do not administer any medical treatment until someone can be reached.

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

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

(second signature in one month)