

BOARDING RELEASE

| Client: _____ | Pet Name: _____ | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------|-------|-------|-------|-------|-------|-------|
| Phone: _____ | Species: _____ | | | | | | | | |
| Alternate phone/s: _____ | Breed: _____ Color: _____ TODAY'S WEIGHT: _____ | | | | | | | | |
| Boarding dates: _____ Additional ½ day charge will apply for pickup after 12 noon unless pet is scheduled for a bath. | Belongings: _____ (note: We are not responsible for lost or damaged items) _____ _____ _____ _____ _____ Please Initial | | | | | | | | |
| Diet: <input type="checkbox"/> Kennel Food <input type="checkbox"/> Special Diet: _____ <input type="checkbox"/> Own Treats How Often or Free Feed _____ | Medications: \$5.00 per day medication administration charge _____ Please Initial <input type="checkbox"/> None <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Medication Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Instructions</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> </tbody> </table> | Medication Name | Instructions | _____ | _____ | _____ | _____ | _____ | _____ |
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| _____ | _____ | | | | | | | | |
| _____ | _____ | | | | | | | | |
| _____ | _____ | | | | | | | | |

We have checked your pet's vaccinations and other requirements and have determined that he is:
 CURRENT _____ NOT CURRENT _____

All pets will be examined for fleas. If fleas are observed on _____ we will administer Capstar™ to kill the fleas. *There will be a \$8.75 charge for this service.* _____ Please Initial

We advise that your pet be on a product for continued flea control and intestinal parasite and heartworm prevention. Flea activity can increase upon returning to your home after the house has been vacant for a time (such as after a vacation.)

• Would you like to purchase this product for _____ YES NO

****Note:** Dogs must have current heartworm test prior to application.

I acknowledge and accept that my dog will be participating in the dog walking with other dogs.
 Accept _____ Decline _____

Would you like to schedule a KENNEL BATH YES NO
 There is an additional charge for this service. Please wait to be called before you pick up pet.

PLEASE READ CAREFULLY:

In the unlikely event that _____ becomes ill or injured during his stay, we will attempt to contact you prior to treatment. However, we cannot responsibly leave significant medical/health problems continue untreated. For Example: diarrhea, lameness, coughing, and serious itching. Any medical treatment and/or medications will be at the owner's expense. _____ Please Initial

I have read the above and understand that all charges are due and payable when I pick up my pet.
 See attached page for additional information (if applicable)

Signature: _____ DATE _____