

Name: _____ Address: _____ City: _____ ST: _____ Zip: _____
 Boarding Contract for: _____

Required Expenses to Owner (Per Pet) – All charges include 2 daily feedings, daily weight checks and monitoring of behaviors and controlled climate — cats do not receive free baths for boarding.

\$13.00/night (single cage)

Optional Boarding Services – Please initial in space provided to request optional services

*Pets not picked up by date of check out may be downgraded to appropriate sized kennel as space allows.

1. _____ Double Kennel (board 2 cats together) \$11.50 per pet/per night
 * if available during time of stay
2. _____ Extra Playtimes \$2.00 per 15 minute session # requested per day _____

Family Boarding – Please initial space provided to request optional service, limit 2 cats only in the same space.

1. I would like my pets _____ to board together.
 * *I understand that if my pets fight during boarding they will be separated. Any injuries that occur will be treated at owner expense.*

Veterinary/Grooming Services - Please initial in space provided to request optional services.

_____ Exam - \$40.00 _____ Fecal Flotation Exam - \$21.00 _____ FeLV/FIV/HW Test - \$41.50
 _____ Express Anal Glands - \$15.00 _____ Nail trim - \$14.00

Medical Condition – Please fill out all requested information completely.

1. Please list any medical conditions we should be aware _____
2. Will your pet need medications administered while staying with us? **Yes** **No**
 * *There is a \$2.00 fee for administration of medication per time administered-must be in original container.*

If answered yes, please list medications and describe to us how you are currently giving them at home.

Your Pet's Care – Please fill out all requested information completely.

1. I have provided food for my pet **Yes** **No**
 * *Kennel Food: Hill's Science Diet Sensitive Stomach dry cat food*
2. My pet is currently fed _____ **Cup/s** **Can/s** _____ times daily.
3. Please list and describe all belongings being left with your pet: _____

Statement of Liability – Please initial after reading. _____

For the health and protection of all boarding pets, vaccinations must be current with a licensed veterinarian. If no proof of vaccination is provided, vaccines will be administered at owner expense. If fleas or ticks are observed, all pets will be treated at owner expense. Any health problems or injuries that occur while boarding will be treated by a Dr. Hudson and staff at owner expense. The clinic is not responsible for lost or damaged personal belongings.

Emergency Contact: _____ Phone Number: _____

Owner Signature: _____ Date: _____