

BOARDING AGREEMENT

| Owner Name: | Pet Name: | |
|---|--|--|
| Today's Date: | Pick Up Date: | |
| FEEDING INSTRUCT | IONS | |
| Dry Food | How much? | CAM CPM |
| Canned Food | How much? | CAM CPM |
| Treats | How many? | CAM CPM |
| Last ate? | | |
| MEDICATIONS | | |
| Name: | How much? | CAM PM |
| Name: | How much? | CAM CPM |
| Name: | How much? | CAM CPM |
| Last given? | | |
| | be reached while you are away? | |
| Wags 2 Whiskers Veterinary I | Hospital requires current (according to our policies) Distemper rwise specified by the veterinarian. Bordetella vaccine is also r given and the expense will be part of your discharge invoice. As cowner's expense. | r combination and Rabies vaccines on all required for dogs. If your pet is not current |
| f your pet becomes ill or if the will administer treatment deen | e state of your pet's health otherwise requires medical attention ned necessary for the health and safety of your pet. | n, Wags 2 Whiskers Veterinary Hospital |
| We cannot be responsible for beds or blankets should they b | the damage of any personal items during the boarding experiencecome soiled. There are no Sunday drop offs or releases. | nce. We are not equipped to wash large |
| hereby give permission for agree to take responsibility fer that full payment is due upon | Wags 2 Whiskers Veterinary Hospital to administer emergor treatment and procedures received by my pet while boan discharge. | gency treatment for my pet. I further rding in the facility and understand |
| Date | Signature of Owner or Authori | ized Agent |