

Boarding Contract



Owner's Name: _____ Contact Ph: No: _____

Alternate No: _____

Pet's Name: _____ Breed/Color: _____

Check-In Date: _____ Check-Out Date: _____

Initial: _____ **Belongings:** I am leaving belongings with my pet. I understand that the clinic IS NOT RESPONSIBLE for left items and items may become soiled, ruined, or lost. All items left should be clearly labeled with the pet's name. **I understand that no collars or leashes are to be left with my pet.** I understand that no rawhide, chew bone, dental bones, or easily destroyed toys are allowed to be left with the pet for his/her safety.

Items left: _____

Initial: _____ **Diet:** I understand that my pet will be fed Science Diet Adult Maintenance, unless otherwise noted.

Please feed my pet his/her own diet. The instructions are as follows:

Additional Services:

| | | |
|--|--|-------------------------------|
| <input type="checkbox"/> Toe Nail Trim | <input type="checkbox"/> Groom <input type="checkbox"/> Bath | <input type="checkbox"/> Exam |
|--|--|-------------------------------|

TLC Package

YES! I want to pamper my dog with a TLC package for an additional \$5.00 per day. Your dog will enjoy the comfort of our boarding, **PLUS:**

- A 20-minute private play session each day
- Daily brushing for a shiny coat
- A morning and afternoon treat (not appropriate for dogs on therapeutic diets)

Initial: _____ For your pet's protection, **all vaccines must be current. Bordetella vaccine and a stool check are required every six months for dogs.** Your pet must be free of internal and external parasites. If any fleas are seen, a dose of **Capstar** will be administered at an additional charge. Reasonable precaution will be used against injury, escape or death of your pet. The clinic and staff of Luv-N-Care will not be held liable for problems that develop, provided reasonable care and precautions are taken. At your request, a written estimate will be provided for all services and boarding costs.

Initial: _____ I wish for my pet to be boarded at Luv-N-Care for the dates listed above. I authorize reasonable treatment for any illness or injury which may develop as deemed appropriate by the staff and veterinarians. Stating this, I also assume full responsibility for any treatment expense involved. Should circumstances arise that my pet(s) remains unclaimed after the date that I have stated as the pick-up date without notice of extended stay, I understand that written notice will be mailed to the address on file. Seven days after such written notice the pet(s) will be considered abandoned and will be property of Luv-N-Care to do with as we deem best fit for the animal. It is further understood that such action WILL NOT relieve me from paying all costs of services during that stay.

I have read and understand the above statements and agree to the terms outlined above

Signature of Owner/Representative of Owner

Date