



Boarding Agreement

Check in:
Check out:

Personal Information:

Owner's Name	E-mail
Owner's Home #: <input type="checkbox"/> Preferred	Owner's Cell #: <input type="checkbox"/> Preferred
Emergency Contact Name:	Emergency Contact #:
Pick-up Person, if different from owner:	

Pet Information:

Pet's Name	Feeding Instructions:	Grooming			
		Bath/Brush	Full Groom	Anals	Nail trim
		Bath/Brush	Full Groom	Anals	Nail trim
		Bath/Brush	Full Groom	Anals	Nail trim

 (Initial) If my pet is not eating, I authorize Fullwood Animal Hospital to use other foods to entice them to eat. Additional charges may apply.

 (Initials) Pets must be current on vaccinations. Required canine vaccines include DHPP, Rabies, Bordetella & Intestinal Parasite Exam. Feline vaccines include Rabies, FVRCP & Intestinal Parasite Exam. If not up-to-date on vaccines or the Intestinal Parasite Exam, they will be administered at the owner's expense.

Medications, Supplements, Health Concerns (administration of up to 3 medications is included in the cost of overnight care. Additional medications will be charged \$1 per medication, per day. Insulin administration is \$2 per day):

Medication/Supplement:	Instructions:

*Please note that Fullwood Animal Hospital is not responsible for any items that may be lost, chewed, or damaged during your pet's stay.

Additional Services – please circle (performed daily unless specified)

Individual Play Pkg (30 min) \$15/day	Pet n' Purr (30 min) \$7/day	Peanut Butter Filled Kong \$4/kong	Pupsicle \$4/serving	Frosty Paws \$4/serving
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Flea & Tick Preventative/Treatment/Deworm

Fullwood Animal Hospital requires that your pet be current on Flea/Tick preventative and a current Intestinal Parasite Exam. If any fleas or ticks are found on your pet during their stay, or intestinal parasites noted we will administer either an oral or topical medication to treat the parasites. Additional charges will apply. (Initials)

Should any emergency occur while my animal is boarding at this facility, I give permission for my pet to be treated at my expense.

Yes _____ No _____ Not in excess of \$ _____ **Authorized Signature:** _____

I understand that there are certain risks associated with play. Animals who have individual play or are housed together may experience muscle soreness, nips, bites or fighting. I understand the risks involved and agree to be responsible for all vet charges that may occur during my pet(s) boarding stay or as a result of my pet(s) boarding stay. I have made Fullwood Animal Hospital aware of any special needs that my pet(s) may have. I also understand that foreseen and unforeseen medical issues can arise while my pet is boarding and I am fully responsible for all costs associated with any medical issues that may arise. I am also aware that while very effective, vaccines do not protect against all possible organisms that my pet may come in contact with. For this reason, I will not hold Fullwood Animal Hospital responsible for any occurrences of socially transmitted or airborne illnesses. I understand that payment is due in full at the time of check out. I agree that if my account should go into collections, I will be responsible for all costs. All images taken at Fullwood Animal Hospital are the property of Fullwood Animal Hospital and may be used for promotional purposes.

Authorized Signature: _____ **Date:** _____