

4 PAWS PET BOARDING

3310 Atlanta Highway
Montgomery, AL 36109
334-272-2200

Boarding Agreement

Thank you for giving us the opportunity to care for your pet.
So that we may better meet your needs, please complete the following:

Your Name _____ Pet's Name _____

Today's Date _____ Pick Up Date _____ Emergency Telephone # (_____) _____ - _____

Alternate contact _____ Spouse Partner Co-Owner Other Telephone # (_____) _____ - _____

E-Mail Address _____ Where are you going? _____

Our Policy

ALL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED

The undersigned acknowledges and certifies that in admitting their pet(s) for boarding and, in the event a medical problem develops while boarding, they authorize the veterinarians of 4 Paws Pet Boarding and their support staff, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary. It is understood we will attempt to immediately contact you via the emergency contact number above. Secondly, we will use the alternate contact and then e-mail. It is understood that the undersigned assumes full financial responsibility for all charges incurred.

It is understood that an any pet not picked up within 14 days of the Pick Up Date listed above will be deemed abandoned. The undersigned still remains responsible, however, for all charges incurred during the boarding stay even for abandoned pets. I also understand that under no circumstances will a pet be boarded for longer than 30 days.

I have read and fully understand this entire form:

Signature _____ Dated _____

Required Information

Please answer the following questions

- We require all pets boarding here have a current physical examination within one year.**
Is your pet up to date on his/her examination? Yes No
- We require all pets boarding here be up to date on their vaccines. If not our patient, then proof of vaccination required.**
Is your pet up to date on his/her vaccines? Yes No (Kennel Cough vaccine will be given at an additional charge)
- We require all pets boarding here to be Parasite Free.** If we notice parasites we will treat immediately. (extra charge)
Is your pet on flea/tick preventative? Yes No Type _____
- All pet's currently on medication must continue to take medication while boarding.**
Is your on any medication? Yes No List all medication and dosing below:

There is an additional charge for administering medications

Please initial here _____ and list below the medications and dosing while here

Medication _____ Once Twice Three times a day Special Instructions _____

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Services for Your Convenience (extra charges apply)

I Would like to have my pet **examined** before I pick up: Yes No

I Would like to have my pet **bathed** before I pick up: Yes No (Includes Toe Nail Trim, Ear Cleaning, Anal Glands Expressed)

I Would like to have my pet receive **another service** before I pick up: Yes No _____

Special Instructions: _____

NOTE: There is no overnight monitoring of boarded pets