

BOARDING CONTRACT FOR ANIMAL HOSPITAL OF NORTH GWINNETT

OWNER NAME _____ **PET** _____ **PET** _____

PET: _____ **PET:** _____ **BOARD TOGETHER YES** ___ **NO** ___

FOR YOUR PET'S PROTECTION, ALL BOARDING ANIMALS MUST BE CURRENT ON THE FOLLOWING VACCINES/TESTS:

DOGS: Rabies, Dhlpp, Bordetella (Kennel Cough), Influenza & Fecal Float

CATS: Rabies, FVRCP, (Felv & Fiv are strongly recommended)

BOARDING FEES ARE CHARGED PER NIGHT:

DOGS:

SINGLE \$23.00
2in1 \$38.00
3in1 \$52.00
4in1 \$64.00

CATS:

SINGLE \$19.00
2 in 1 \$34.00
3 in 1 \$41.00
4 in 1 \$55.00

DATE IN: _____ **DATE OUT:** _____ **PICK UP TIME:** _____

Pet belongings are welcome, but we are not responsible for any loss, damage or items not returned. EMERGENCY NUMBERS, NAMES

1) _____

2) _____

IS ANYONE OTHER THAN OWNER AUTHORIZED FOR PICK UP? NO YES

NAME OF AUTHORIZED PERSON _____

IF YOUR PET IS ON ANY MEDICATION THAT NEEDS TO BE GIVEN DURING BOARDING PLEASE FILL OUT A SEPARATE MEDICATION CONSENT FORM. There is a charge of \$1.00 per day for meds.

DOES YOUR PET HAVE ANY SPECIAL CONDITIONS (fence climber, dislikes other dogs/cats, medical concerns,etc.) _____

IF YOUR PET DOES NOT EAT FOR A PERIOD OF 48 HOURS, WE WILL OFFER CANNED FOOD AT A COST OF \$2.00 PER CAN.

OTHER SERVICES NEEDED: BATH ___ **GROOM appt date** ___ **Nail Trim** ___ **Microchip** ___
Dental ___ **Spay/Neuter** ___ **Refill Heartworm Preventative** ___ **Flea Preventative** ___

IF YOUR PET IS ILL, HAS INTERNAL OR EXTERNAL PARASITES—THE PET WILL BE TREATED AND OWNER IS RESPONSIBLE FOR ALL CHARGES. BEFORE ANY TREATMENT IS EXTENSIVE—WE WILL MAKE EVERY EFFORT TO CONTACT THE OWNER AT THE EMERGENCY NUMBERS.

PAYMENT IS EXPECTED WHEN PETS ARE RELEASED. WE ACCEPT VISA, MASTERCARD, DISCOVER, CARE CREDIT, CASH AND CHECKS.

I HAVE READ AND UNDERSTAND THESE CONDITIONS. I AM OVER 18 YEARS OF AGE AND AM RESPONSIBLE FOR THIS PET AND ANY CHARGES.

CLIENT SIGNATURE _____ **DATE:** _____

THANK YOU for allowing us to serve you and your pet(s) at this time