



# Aspen Arbor ANIMAL HOSPITAL

8865 West 116<sup>th</sup> Circle  
Broomfield, CO 80021  
303-423-6021  
FAX 303-429-0611

## BOARDING AGREEMENT

OWNER'S NAME		DATE	
ADDRESS		PHONE	
CITY/STATE/ZIP		DRIVERS LICENSE NUMBER	

EMERGENCY CONTACT		PHONE	
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PICK UP DATE & TIME		INITIALS INDICATE \$24 PICK-UP/DROP-OFF FEE EXPLAINED	
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PET(S) NAME(S)	
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CAT OR DOG		BREED		COLOR	
AGE		SEX		WEIGHT	

CURRENT VACCINATIONS?     YES    NO                      PROOF SUBMITTED?     YES    NO

FOOD	What?	How Much?	When?
Medications Required?			
Special Instructions			

Services Requested	Examination	Vaccines	Nail Trim	Other
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Reasonable precautions will be used against injury, escape or death of this pet. The clinic and staff will not be held liable for problems that develop provided reasonable care and precautions are followed. I understand that 24-hour care is not provided and there is no monitoring during nighttime hours. I understand that any problem that develops with my pet will be treated as deemed best by the staff veterinarians and I assume full responsibility for the treatment expense involved.

**All returned checks (account closed, insufficient funds, etc.) will be assessed a \$20.00 returned check fee. A service charge of 1.5% per month – an annual percentage rate of 18% - will be applied to any unpaid balance. In the case of default payment, I promise to pay any legal interest on the balance due, together with any collections costs and reasonable attorney fees incurred to effect collection of this account or future outstanding accounts.**

<b>SIGNATURE OF OWNER OR RESPONSIBLE PARTY</b>	
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