



BOARDING AGREEMENT



Check-in date: _____

Check-out date: _____

Please Initial for Special pick-up/drop-off (\$25.00 per pet): _____

Owner's Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Emergency Contact: (We will try to contact you first)

Name: _____ PH: _____

Pet #1 Name: _____ Age: _____

Canine or Feline: _____ Breed Type: _____

Current Medical Conditions: _____

Pet #2 Name: _____ Age: _____

Canine or Feline: _____ Breed Type: _____

Current Medical Conditions: _____

Pet #3 Name: _____ Age: _____

Canine or Feline: _____ Breed Type: _____

Current Medical Conditions: _____

Any additional services requested while boarding at AAAH: _____

If you have scheduled an appointment with Nadja at the PawSpa for grooming please let us know the date: _____

Costs for This Boarding Stay: (This is *only* an estimate. The total cost may be different on the day of pick-up)

Canine per Day \$30.00 X Number Days: ____ X Number of Pets ____ + medication/supplement admin ____ + Special Pick-Up Fee ____ = \$ _____

Feline per Day \$20.00 X Number of Days: ____ X Number of pets ____ + medication/supplement admin ____ + Special Pick-Up Fee ____ = \$ _____

**Please note our boarding is charged like a hotel. On the day of pick up, if your pet(s) is picked up before 12pm, you will not be charged for that day. If you pick up after 12pm on the agreed discharge date an additional day of boarding is applied.*

I fully intend to pick up my pet on the specified date. If circumstances changes, I will notify AAAH of the new pick up date. If I do not pick up my pet or contact AAAH within ten (10) days of my scheduled pick-up date, I shall be considered to have relinquished my pet and they will be put up for adoption.

Signature: _____

Date: _____

AAAH Initials: _____

Please fill out the feeding and medication instructions on the back of this page

Feeding Instructions

Pet #1 Name _____

Are you providing food for your pet(s)? Yes No

How much per feeding? _____

How often per day? _____

Special Instructions: _____

Pet #2 Name _____

Are you providing food for your pet(s)? Yes No

How much per feeding? _____

How often per day? _____

Special Instructions: _____

Pet #3 Name _____

Are you providing food for your pet(s)? Yes No

How much per feeding? _____

How often per day? _____

Special Instructions: _____

May we give your pet(s) treats?

Yes No Hypoallergenic only

Some pets do not eat as well when they are boarding, in this case we can offer them a small amount of a sensitive stomach canned food to mix with their regular food. Would you like us to offer your pet(s) canned food?

Yes No

Would you like to receive a photo message of your pet(s) during their stay?

Yes No

Note*Photo Messages are for visits 3 days or longer. Client also needs to have Pet Desk App to receive photo.

Additional Notes:

Medication and Supplement List

Pet Name	Medication or Supplement	Frequency and quantity given