Photo Release? Pet's Name:					Check in by:		
	Family F	et Health (	Care				
	Board	ing Agreement	-				
Owner's Name					ACCT #		
Contact Phone Number							
Emergency Contact Name & Phone Num	ber (other than y	ourself)					
<u>Check-In/Out</u> Check-In Time: 1 PM-3 PM Monday	Friday	Check-In Day:			Date:		
Check-Out Time: 8 AM-11 AM Monday-Friday		Check-Out Day:_	Date:				
(Check One)SATURDAY o	eck-Out ONLY 6PM-	-7 PM.		Date:			
Activities Our boarders enjoy multiple potty br snacks according to your instructions that apply.							
For Canine Guests (Please circle each Is your pet spayed or neutered? If yes, do we have permission to intro May your dog play with other dogs?			Yes Yes Yes		Maybe		
Additional Services and Individual Condividual play time with a handler-2 Tuck In- 10 min cuddle and bedtime so Massage- 20 min quiet time with present Gourmet Treat- Hand-prepared bedt each guest's nutritional needs Nature Walk (off premises-on leash) Photos - App Members: (Be sure to 10 Non-App Members:	O min activity story, while hav ssure release me treat, depe	\$10.00 Ea ing a treat \$5.00 Ea nassage \$10.00 Ea nding on \$3.00 Ea \$10.00 Ea	ch Yes ch Yes ch Yes	No No No No	How many? How many? How many? How many? How Many? How many?		
Feeding Instructions		·			,		
How many cups per feeding?	If wet food is	provided:	Weight	Weight:			
Did you bring food? Yes No	Mix with dry		EYES:				
Does your pet require medication	Serve separa	EARS: Skin:					
<u> </u>	·						
Vaccinations due? Yes No Tech see back				icks:			
Are there special instructions or informated bedding, eats toys)	tion we need to	know about your pet?	? (e.g., stor	m anxie	ty, separation anxiety, chews		
(If yo	ur pet is on n	nedications, plea	se see b	ack)	App Check-In		

									Weight:		
CCT #	Pati	ent						E	xit Date:		
<u>Personal Belo</u>	ngings										
Modication a		,									
_						space, please let us					
1edication #1					Instru	ctions					
						ctions ctions					
neuication #3	<u>.</u>				1113010						
Medication	Date	Am	Noon	Pm	Bed- time	Medication	Date	Am	Noon	Pm	Bed- time
					l l						1
DATE:						TREATMENT					

Patient Name		Acct #
	Family Pet Health Care	

## Boarding Agreement

## **Please Note**

Family Pet Health Care does our best to care for your pet's belongings. However, we cannot be responsible for lost or damaged personal items. We do provide a variety of bedding, blankets and toys if you wish to leave your personal items at home.

FPHC Strives to keep a pest free environment for your pet's safety. Therefore, we require that any intestinal parasites (e.g., hookworms, whipworms, tapeworms) or external pests (fleas and ticks) identified on your pet while boarding be treated at the owner's expense.

FPHC will take reasonable precautions against injury, escape, or death of your pet. Any animal that may require emergency medical treatment will receive it at the discretion of Family Pet Health Care. By signing, I give my permission for Family Pet Health Care to administer necessary medical and/ or emergency treatment for my pet. I also hold Family Pet Health Care harmless, in the absence of negligence, in connection with these procedures. I further agree to take responsibility for all cost related to any treatments or procedures received by my pet while boarding with Family Pet Health Care and agree that full payment is due at time of discharge.

Before signing this document, please read all information.

Signature of Owner/Agent	Date
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