

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** _____