

Photo Release?  Pet's Name: \_\_\_\_\_

Check in by: \_\_\_\_\_

# Family Pet Health Care Boarding Agreement

Owner's Name \_\_\_\_\_ ACCT # \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Emergency Contact Name & Phone Number (other than yourself) \_\_\_\_\_

## Check-In/Out

Please note an anticipated time of pick up and drop off so that we may better plan your pet's activities.

Monday-Friday Check-In Time: \_\_\_\_:\_\_\_\_ M T W T F Date \_\_\_\_\_

Monday-Friday Check-Out Time: \_\_\_\_:\_\_\_\_ M T W T F Date \_\_\_\_\_

**SATURDAY or SUNDAY----Check-Out ONLY from 6PM-7 PM.** Date \_\_\_\_\_

Total Nights Reserved \_\_\_\_\_

**Activities** All our guests receive multiple outings and interactions daily. If you would like to further enrich their stay, please mark all that apply.

**For Canine Guests** (Please circle each appropriate answer.)

Is your pet spayed or neutered? Yes No  
If yes, do we have permission to introduce your dog to other dogs? Yes No  
May your dog play with other dogs? Yes No Maybe

## Additional Services and Individual Cost for Canine & Feline Guests

**Individual Play Time with a Handler**-20 min activity \$10.00 Each Yes No How many? \_\_\_\_\_  
**Tuck In**-10 min cuddle and bedtime story, while having a treat \$5.00 Each Yes No How many? \_\_\_\_\_  
**Massage**-20 min quiet time with pressure release massage \$10.00 Each Yes No How many? \_\_\_\_\_  
**Gourmet Treat**- Hand-prepared bedtime treat, depending on each guest's nutritional needs \$3.00 Each Yes No How many? \_\_\_\_\_  
**Nature Walk**-Off premises-on leash (Dogs only) \$10.00 Each Yes No How many? \_\_\_\_\_  
**Photos** - App Members: (Be sure to 'Check-In' through the app) No Charge Yes No How Many? \_\_\_\_\_

## Feeding Instructions

Did you bring food? Yes No	If wet food is provided, how much per feeding?
How much dry food per feeding? How often?	Mix with dry? Yes No
Other Services due? Yes No <b>Tech See Back</b>	If necessary, may we offer wet food to entice appetite? Yes No

Are there any special instructions or information we need to know about your pet? (e.g., storm anxiety, separation anxiety, chews bedding, eats toys)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If your pet is on medication(s), please see back. Otherwise, continue to page 2.**

Saturday/Sunday Prepay

App Check in \_\_\_\_\_



Patient(s) 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** \_\_\_\_\_