

Photo Release? Pet's Name: _____

Check-In Tech: _____

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 so that we may better plan your pet's activities.

Monday-Friday Check-In 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 for play? Yes No

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 turn on your app notifications.) 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 Tech See Back	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

SEE ALERTS

OFFICE USE ONLY

Acct _____ Patient _____ Exit Day/Date _____

Unit # _____ Age _____ Weight _____ Eyes _____ Ears _____ Fleas Y / N Breed _____

Alerts

Personal Belongings

Medication Please list medication(s) here. If you need more space, please let us know.

Medication #1 _____ Instructions _____

Medication #2 _____ Instructions _____

Medication #3 _____ Instructions _____

Medication	Date	Am	Noon	Pm	Bed-time	Medication	Date	Am	Noon	Pm	Bed-time

DATE:	TREATMENT	What Should Go Home With Me?	
		Product/Medication	Tech
		_____ Releasing Technician	

Release Notes

Acct _____ Patient(s) Name _____

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 costs 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** _____