Boarding Consent Form

Owner's Name		Date in			Date out		
Phone Number to read	ch you while you are	away:					
Emergency Contact	Emergency Phone ()						
Pet's name			Does your p	et bite?			
Yours/Kennel Food	Type (Dry/Wet)	How often/day		Amount per meal		Last ate(am/pm)	
Medication Name	Dose (amount g	Dose (amount given)		How often/day		Last dose given	
* If the above describe		be infect	ed with flea	s or ticks, you v	vill be c	harged for	
treatment to remove	•						
Please indicate the 22" (w) x 28" (d) x	ne kennel size in x 28"(h) – Small (\$15/		-	-		I l housed: Large (\$21/day)	
34"(w) x 28"(d) x	28"(h) – Medium (\$1	9/day)	28	3"(w) x 6 ft(d) x 5	ft (h) —	Run (\$30/day)	
Cats are routinel	ly placed in "cat conc	los " in wl	nich they are	able to see ou	tside (\$	13/day).	
*If your pet is on med	ication, administrat	ion for r	nedications	s is an additio	nal \$6/	/day.	
*Additional animals bo	oarded in the same c	age are c	harged 50%	of the cage cos	t for ea	ch additional	
animal. If the animals'	•	•	ogether we	will place them	into se	parate cages	
resulting in your being	_				aff a		
* Boarding drop off/pi up outside these hour	·	•	· ·	ease do not arc	ропо	r attempt to pick	
I, being responsible	for the described a	animal, h	nave the au	thority to gra	nt my (consent to	
receive and board t							
understand that AA will be responsible f	-		-	that treatme	nt will	be given and I	
will be responsible i	or the tost of the t	catillei	161				
Signature of Owner						Date	