

6th Avenue Animal Clinic
Clinton Hill Animal Clinic

BOARDING AGREEMENT

Owner's Last Name: _____ First Name: _____

Home Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Emergency Contact Information:

Name _____ Phone # _____

Name of Pet: _____ Breed: _____

Color: _____ Age: _____ Spayed/Neutered? _____

Is pet current with all vaccines? _____

If YES, please submit proof. If NO, please notify us.

Does pet have any allergies? _____

Is your pet taking any medication? _____

Does your pet require any special diet or on any prescription diet food? _____

Should any boarding animal become ill, or seem to be in need of medical attention, we reserve the right to administer aid and/or to use any available veterinarian. Any expenses incurred shall be paid by the owner in addition to other fees.

Daily boarding charges begin at the date entered below. The client agrees to notify this facility in advance if there is any change in the date this boarding animal is to be picked up. No boarding animal will be released until all charges are paid in full. Any animal left uncalled for or unpaid for, shall be disposed of 7 days from the scheduled date of pick-up.

The owner shall remain liable for complete boarding bill as well as other charges incurred in the care, maintenance, and disposal of said animal. The owner of the animal or his agent agrees to pay reasonable attorney's fees incurred by this boarding facility in the collection of any boarding or other charges incurred by the owner of the animal or his/her agent.

Special Boarding Instructions:

Feeding Instructions:

BOARDING FROM _____ UNTIL _____
Date Date

Signature of Owner/Agent of pet