

BOARDING AGREEMENT

Thank you for giving us the opportunity to care for your pet

Please complete the following so that we may serve you better.

Pet name : _____

Client name: _____

Date: _____

Phone number: _____

Emergency Contact (in the event we cannot reach you) :

Name: _____

Phone: _____

Date Boarding _____ / _____ / _____ to _____ / _____ / _____

Is this animal currently taking medication? No ___ Yes ___

If yes, please list medication and how often it is given:

How often do you feed your pet? _____

Did you bring food? No ___ Yes ___

If yes please list the name and how much your pet is fed

Is your animal scheduled for a bath before pick up? No ___ Yes ___

What time will you be picking your pet up on the date listed above? _____

(If someone other than the owner is picking animal up please inform us ahead of time)

Any animal not claimed within (10) days of pick up date, without provisions being made, will be considered abandoned, becomes the property of the Bay Ridge Animal Hospital and handled according to our best judgment.

We are not responsible for personal property.

Please take collars, leashes & personal items. Thank you.