

BOARDING SERVICES

Thanks you for giving us the opportunity to care for your pet! Your pet is very important to us. Please help us meet your needs better by taking a moment to complete this information.

Owner Name _____ Pet Name(s) _____
Emergency Contact _____ Phone Number _____
Check-in Date _____ Pick-up Date _____

Every effort will be made to make your pet's stay with us as comfortable and enjoyable as possible.

- ❖ We provide fleece blankets for your pet to sleep on while here, so please do not bring bedding from home. We cannot be responsible for loss or damages to any pet's belongings brought from home.
- ❖ We feed a high-quality diet formulated for finicky dogs and cats. Unless your pet is on a prescription diet, it is unnecessary to bring food from home. For health and safety reasons, please do not bring bowls from home. We regularly sanitize our feeding bowls.
- ❖ We can administer any needed medications to your boarding pet for a nominal fee.
- ❖ For safety reasons, no two animals are allowed to be together unless permitted by owner request. Dogs and cats are INDIVIDUALLY cared for several times a day, every day. The office, however, is closed from Saturday at noon until Monday at 8:00 am.
- ❖ Your pet can receive a bath while here for a \$5.00 discount off of the regular bathing price. Any pet being bathed receives that day of boarding for free and may be picked up after 12:30 pm. If your pet is not receiving a bath, check-out time is 10:30 am. A pet may stay past 10:30 am with an additional day's charge.
- ❖ Any pet left with us past the pick-up date above *without any contact from the owner* will be deemed an abandoned animal and will disposed of as such. All fees incurred will remain the responsibility of the owner.
- ❖ **To prevent the spread of infectious diseases and parasites, boarded animals must have proof of current vaccines and be free of internal and external parasites.** If your pet is not current on vaccinations or is found to have parasites, we will perform needed treatments at the owner's expense.

Bath Nail Trim Prescription Diet

Needed Vaccines _____

Needed Treatments _____

Medications _____

I authorize the Parkway Animal Hospital staff to provide any necessary care as indicated above, including vaccines, parasite control and emergency care if needed for my pet. In the rare event that my pet becomes ill while boarding and I cannot be contacted, I give permission to Parkway Animal Hospital to perform additional services until someone can be reached. I assume responsibility for all charges incurred in the care of the above animal(s), and I agree to pay these charges at time of release. I have read and understand this agreement.

Owner's Signature _____ Today's Date _____