



### Boarding Agreement

**Be advised that we do not accept bedding, blankets, toys or food bowls.**

Client's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Check-in Date:  Check-out Date:  Check-out Time:

**Monday - Friday 7:00am – 7:00pm / Saturday and Sunday 8:00am – 12:00pm and 3:00pm – 6:00pm**

#### Feeding Instructions

**All dry food must be in air-tight plastic containers.**

Dry food = \_\_\_\_\_ cup(s) \_\_\_\_\_ times daily.

Wet food = \_\_\_\_\_ can(s) \_\_\_\_\_ times daily **\*not provided by SVC.**

Treats = \_\_\_\_\_ treat(s) \_\_\_\_\_ times daily **\*not provided by SVC.**

I have provided food for my pet. INITIAL  I would like SVC to provide food for my pet. INITIAL

#### Medications

**Additional charges apply to administer medications for a daily rate of \$6 a day.**

Medication: \_\_\_\_\_ Directions: \_\_\_\_\_

Medication: \_\_\_\_\_ Directions: \_\_\_\_\_

#### Bath

Prices are based on your pet's weight: **0-20 lbs = \$40 20-50 lbs = \$50 50-80 lbs = \$60 over 80 lbs: \$70**

If your pet is boarding with us for **3+ nights**, a complimentary bath is included. **I would like my pet bathed at an additional fee. YES  NO  N/A – my pet is boarding 3+ nights**

#### Play Time

**For the safety of our staff, we will not accept dogs that show aggression towards people.**

Dogs will enjoy play time with dogs of similar age, size and temperament. Dogs that are not spayed or neutered, as well as dog aggressive dogs, will require individual play time at a daily rate of **\$10** a day.

#### Statement of Ownership and Consent

I am the owner of the pet listed above, and hereby authorize the doctors and staff at Stamford Veterinary Center to use all reasonable precautions against injury, illness of my pet, or should an emergency situation arise.

**I understand Stamford Veterinary Center will do their best to contact me prior to such treatments. However, if I am unable to be reached, I give permission to Stamford Veterinary Center to proceed with treatments up to \$500 and/or sedation if necessary.**

I understand that the above may occur while caring for my pet and I will not hold Stamford Veterinary Center, its doctors and/or its staff, liable or responsible in any manner whatsoever, as it is understood and acknowledged that I assume all risks. This form is valid until such time that my pet's care instructions change, and I am responsible for notifying Stamford Veterinary Center should that occur.

Owner's Signature:  Date: