



Boarding Agreement

Name: _____ Date: _____

Date In: _____ Time In: _____ Date Out: _____ Time Out: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

2nd Phone: _____ 2nd Work phone: _____ 2nd Cell phone: _____

E-Mail: _____ 2nd E-Mail: _____

Pet's name: _____ Breed: _____ Age: _____

Sex: M F Weight: _____ Age when spayed or neutered?: _____

Contact numbers while boarding:

Name: _____ Phone: _____

Name: _____ Phone: _____

List medications, dosage and special instructions:

Medication Name	Dosage	Instructions
_____	_____	_____
_____	_____	_____
_____	_____	_____

List feeding instructions including quantity and frequency:

List any health problems of concerns that we should be aware of while your pet is boarding with us:

Are there any problems with your pet such as excessive drinking, diarrhea, loss of weight, cough or dental problems you would like one of the veterinarians at the Falmouth Animal Hospital to evaluate? There would be a routine examination charge:

Please check the appropriate boxes for any additional services you may desire while your pet is with us:

Playtime-\$11.00 for 15 minutes() Dog Daycare-\$17.00() ice cream treat-\$3.00() exit bath-\$30.00()
peanut butter kong-\$3.00() pizza night-\$3.00 on Friday's() nail clipping-\$12.00()
medicated bath-\$40.00() full service grooming-varies with breed()

If someone other than yourself will be picking your pet(s) up, please list their names and phone number. They must be able to provide a photo ID when checking out your pet.

Name: _____ Phone: _____

Policy and Disclaimer:

The Cape Cod Pet Resort pledges to give appropriate care to all boarded pets. I will not hold the Cape Cod Pet Resort responsible for conditions that often are unavoidable in boarding environments such as, but not limited to, weight loss, rough hair, cough, bloat, canine influenza and sudden death. I acknowledge that in the event of my pet’s illness, the staff at the Cape Cod Pet Resort may not be able to immediately contact me and is therefore authorized to initiate appropriate treatment of my pet(s) until I am available to discuss further care and costs with the attending veterinarian.

I certify that my pet(s) appear to be free of contagious diseases, including external parasites and has/have not bitten anyone within the last 10 days. I understand that if my pets have been found to have external parasites, they will be treated and my account will be charged accordingly. I also certify that my pet is current on all required vaccination(s) and have provided written documentation of same. Although not presently a requirement, I also understand that the Cape Cod Pet Resort strongly recommends that all dogs be vaccinated against canine influenza. If on entry my pet is found not to be current on required vaccines, I authorize the Falmouth Animal Hospital to examine, and administer the required vaccine. I also certify that my pet is heartworm free and is on heartworm preventative medication during the high season (April – December).

While your pet(s) is/are staying with us, he or she may come into contact with other pets, depending on the services you purchase. You acknowledge and agree that in the unlikely event that your pet is injured by another pet, you will not hold us responsible for the injury. If your pet(s) injure another pet, you will be solely responsible for any injury to either or both pets.

I understand that I will be charged for the day of entry regardless of time of entry. I understand that check out time Monday – Saturday is 11:00 am and Sunday is 9:00am to 10:00am. Pets checked out after these hours will be charged for that day.

I understand that if I fail to pick up my pet(s) within 10 days of notification to the above individual, my pet(s) will be considered abandoned and will be handled in accordance with the Massachusetts State Law and that doing so does not relieve me of my financial obligations.

I have read the above agreement entirely and I am in full agreement.

Signature: _____ Date: _____

Printed Name: _____ Date: _____

Signature: _____ Date: _____

Printed Name: _____ Date: _____

Signature: _____ Date: _____

Printed Name: _____ Date: _____

Signature: _____ Date: _____

Printed Name: _____ Date: _____