

Hope Mills Road Animal Hospital
2307 Hope Mills Road
Fayetteville, NC 28304
(910) 425-8117

Boarding Agreement

Drop Off Date: _____ Pick Up Date: _____ AM _____ PM

Owner Name: _____

* Have you given your pet(s) medication today? _____ What time? _____

* Is your pet on Topical Heartworm or Topical Flea Prevention? Yes _____ No _____

PET(S) BOARDING:	BATH OR A.O BATH		NAIL TRIM	*MEDICATION	PLAYTIME
	YES/	NO	YES/NO	YES/NO	YES/NO
1. _____	____/____	____/____	____/____	____/____	____/____
2. _____	____/____	____/____	____/____	____/____	____/____
3. _____	____/____	____/____	____/____	____/____	____/____
4. _____	____/____	____/____	____/____	____/____	____/____

*Playtime Prices: **Dog** \$4.40/\$2.20 per additional dog.

*Cat \$3.85/\$1.93 per additional cat.

Holidays- \$8.80/ \$4.40 per additional dog

Holidays- \$6.60/ \$3.85 per additional cat

Playtime: Once a day _____ Twice a day _____ Every other day _____ Other _____

*It is highly recommended that cats be negative for Feline Leukemia and Feline Aids and be vaccinated for Feline Leukemia to have playtime or board in condo.

Person to contact in case of emergency: _____

Emergency phone number: _____

I understand that if a medical emergency situation occurs, the clinic will try to reach me by phone. If the clinic is unable to locate me, my animal(s) will be treated at my expense. I hereby authorize emergency treatment _____

INITIALS

I understand that if my pet(s) is presented for boarding while infested with fleas, ticks or intestinal worms, it will be treated at my expense _____

INITIALS

OUR VACCINATION POLICY: To insure the protection of all pets under our care, the following vaccinations must be up to date AND have been given at a veterinary office:

Dogs: DHLPP, Bordetella, Rabies **Cats:** FDV, Bordetella, Rabies

* I have read the boarding requirements and understand the hospital's policies.

Signed : _____
Owner/authorized agent

Checked in by: _____
staff initials