



MANDEVILLE ANIMAL HOSPITAL BOARDING AGREEMENT

Today's Date: _____

Client Name: _____ Pet Name: _____

Arrival Date: _____ Departure Date: _____ Time: _____

Medications (type/instructions) _____

Special Instructions: _____

Personal Items Left: _____

Here at MAH we feed our boarding dogs Hills or Royal Canin Sensitive Stomach food. If your pet is not eating we will offer canned food at an additional charge.

Feeding Instructions: Own Food? Yes/No _____ How Many Cups Per Day: _____

Would you like your pet to receive a complementary bath, ear cleaning & nail trim if staying 3 or more consecutive nights? Yes/No

Other Services Requested.....

Service	Groom/Haircut	Bath	Vaccines	Dr. Exam	Rx Refill
Date/Details					

Special Instructions for Services: _____

MAH is a flea free environment. I understand that if fleas are found on my pet during its stay, appropriate treatment will be administered at the owner's expense.

I understand that MAH takes every precaution to provide a safe, healthy environment for pets in our care. Should an injury or illness occur while my pet is boarded, MAH will make every effort to reach me prior to treatment. Should MAH be unable to reach me, I grant MAH permission to provide any necessary health care for my pet. I agree that I release MAH from responsibility or liability in the event of injury to or onset of illness in my pet while in their care.

I also understand that MAH is not open 24-hours and that there will be a period of time overnight in which no staff will be on the premises.

MAH will not be responsible for any items left that are lost or damaged. Any items that become soiled and are too big to easily wash in a normal laundry machine will be placed in a bag and sent home soiled. In that case, we will substitute our own bedding for use while your pet is staying with us. Payment for all services is due upon discharge.

Signature

Date

Emergency Contact(s)#