	[BOARDING AGREEMENT] Warm Hearts Pet Hospital		
Pet Name(s):			
	Pick-Up Date:		
Your Contact	Number:		
Emergency Co	ontact Name & Number:		
Elliergency Co	ontact Name & Number.		
Meal Plan:	□ House Food □ Own Food □ Once a day in the: □ AM or □ PM □ Twice a day □ Free fed		
	Amount per Feeding:		
Medications:	will be a nominal fee (\$3.09/day) for the administration of oral medications. daily fee for injectable medication is \$7.01 per day Medications been given before dropping off today? Yes or No cations & directions:		
Vaccinations:	Is your pet current on all necessary core vaccinations? □Yes or □No (Canines: Da2pp, Bordetella, Rabies; Felines: FVRCP and Rabies)		
Additional Se	ervices: Nail Trim (\$20.95) Anal Gland Expression (\$28.84) Potty Patch/Sani Shave (\$27.8	33)	
Personal Item	ns being Left:		

^{*}Pets are already provided with clean bedding and water/food bowls; please do not bring your own. Please note: *Warm Hearts Pet Hospital* is not responsible for any lost, stolen, or damaged items that are left for the duration of the stay.

<mark>Date</mark>

Kennel Options:	
☐ Small Suite (\$39.42/night; For pet's 20lbs and unde	er)
☐ Medium Suite (\$41.90/night)	
☐ Large Suite (\$47.41/night)	
☐ XL Suite (\$49.61/night)	
☐ Cat Condo (\$27.46/ night; Only 1 cat per condo)	
Are your pets staying together in a kennel?	т. ПNo
the start of the s	ennel. No additional pets can be accommodated in Small sible they can fight, even if they don't normally at home. be separated, and you will be held responsible to provide
If you are picking up after hours arrangements must bore-paid in full.	be made prior to pick up and the boarding stay must be
•	ng 10 days past original check-out date without payment
I understand that Warm Hearts Pet Hospital does not bet will be left unattended in its kennel overnight.	have staff on the premises 24 hours a day; therefore, my
_	tact and permission is received from owner. I have read
Print Name	

<mark>Signature</mark>