



BOARDING AGREEMENT

Owner's Name: _____

Address: _____
Street/PO Box City/State Zip

Home Phone#: _____ Cell Phone: _____

Cell Phone (2): _____ Work Phone: _____

E-Mail: _____ Preferred Method of Contact: _____

Emergency Contacts While Boarding:

Name: _____ Phone: _____

Name: _____ Phone: _____

Pet(s) Information:

Pet Name: _____ Breed: _____ Color: _____ Age: _____

Pet Name: _____ Breed: _____ Color: _____ Age: _____

Instructions:

List All Medication, Dosage, And Special Instructions:

Medication:	Dosage:	Instructions:
_____	_____	_____
_____	_____	_____
_____	_____	_____

List Feeding Instructions Including Quantity and Frequency:

List Any Health Problems OR Concerns That We Should Be Aware Of While Your Pet Is Boarding With Us (Separation Anxiety, Allergies, Past Injuries, Fear of Male/Female, Dog Aggressive, ETC): _____

Are there any problems with your pet(s) such as excessive drinking, diarrhea, loss of weight, cough, or dental problems you would like us to be aware of: _____

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

Name: _____ Phone: _____

Additional Services

Please check the appropriate boxes for any additional services you would like your pet(s) are staying with us

- | | |
|--|--|
| <input type="checkbox"/> Playtime (20 Min. Individual) - \$13.00 Second dog same family \$8.00 | <input type="checkbox"/> Medicated Bath - \$ Varies on Shampoo Used |
| <input type="checkbox"/> Dog Daycare - \$18.00 | <input type="checkbox"/> Flea Bath - \$ Varies with Breed Size |
| <input type="checkbox"/> Butcher Bone - \$5.00 | <input type="checkbox"/> Peanut Butter Dog Bone Sandwich - \$3.00 |
| <input type="checkbox"/> Ice Cream Treat - \$4.00 | <input type="checkbox"/> Pizza Night - \$4.00 |
| <input type="checkbox"/> Nail Trim \$15.00 | <input type="checkbox"/> Pig / Cow Ear - \$3.00 |
| <input type="checkbox"/> Full Groom - \$ Varies with Breed | <input type="checkbox"/> Insulin /shots - \$5.00 per shot |
| <input type="checkbox"/> Exit Bath - \$25.00 - \$45.00 Depending on Breed Size | <input type="checkbox"/> Pill Administration Starting at - \$4.00 a day* |

*Please discuss your dog(s)/cat(s) medical situation with the staff at the front desk.

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, fleas, ticks, hot spots (pyoderma), otitis, conjunctivitis, cough, bloat, diarrhea, canine influenza, parvo, chewing and/or eating parts of blankets, youth beds, kuranda beds, seizures, and sudden death. I acknowledge that in the event my dog(s)/cat(s) becomes ill while in the care of Cape Cod Pet Resort, they will attempt to contact me. If I'm not available, they will attempt to contact my veterinarian. Should my dog(s)/cat(s) require veterinary attention my pet, in coordination with my vet will be safely transported to my vet. However, in an emergency, they may take my dog(s)/cat(s) to the Falmouth Animal Hospital or a nearby veterinary emergency clinic. It is understood that all expenses incurred due to my dog(s)/cat(s) illness or accident must be paid in full at the time I pick up my dog(s)/cat(s) from the Cape Cod Pet Resort.

Cape Cod Pet Resort will not bill me or accept partial payments.

I, _____, authorize Cape Cod Pet Resort and it's representatives to obtain medical treatment in the event of an illness or accident for the following canine: dog's/cat(s) name(s): _____

I give the attending veterinarian permission to start medical treatment. In the event that the medical expenses are likely to exceed \$_____, I request that a Cape Code Pet Resort representative, or the attending veterinarian, contact me before any further treatment is done. I agree to reimburse Cape Cod Pet Resort for any and all expenses incurred for the medical treatment of my dog(s)/cat(s).

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 also understand and am aware of check-in and check-out times during holiday periods.

Cape Cod Pet Resort is not responsible for loss or damage to any personal item belonging to your pet. Do not bring toys, blankets, beds, etc that are valuable or irreplaceable.

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: _____

Signature: _____ Date: _____

Printed Name: _____

Signature: _____ Date: _____

Printed Name: _____

Signature: _____ Date: _____

Printed Name: _____

Signature: _____ Date: _____

Printed Name: _____

Signature: _____ Date: _____

Printed Name: _____

Signature: _____ Date: _____

Printed Name: _____