

BEST FRIENDS BOARDING

Client Information Sheet

Today's Date _____ Pet(s) Name (s) _____

Owner of Pet _____

Address _____

City _____ State _____ Zip Code _____

Home phone () _____ Work phone () _____ Cell phone () _____

Spouse's name _____ Spouse's Cell phone () _____

How did you hear about us? _____

PAYMENT POLICY: Payment is due upon checkout. You may pay by cash, check (starter, business and out of state checks are not accepted), or credit card (Visa or Mastercard). Our office does not provide payment plans. There is a \$25.00 insufficient fee on all returned checks.

By signing below, I understand that I am responsible for charges incurred for boarding my pets, and that payment of the entire balance is due upon release of the pet(s)

If for any reason my method of payment is declined, I understand that I am responsible for applicable fees, charges and collection expenses incurred.

Signature: _____ Date: _____

Permission to Authorized Emergency Therapy: In case of an emergency

If you are unavailable, who else may we contact regarding your pet's medical treatment?

Name of Relative or Friend _____

Home Phone () _____ Cell Phone () _____

Our staff strives to provide the best care possible for your pet (s). Should there be a medical emergency and we are unable to contact you or a contact person, by selecting one of the following options you will help us determine the necessary treatment for your pet. Emergencies can be costly due to extensive treatments and medications. Please understand most medical emergencies will involve fees in excess of \$150.00

Up to \$150.00 _____ \$150.00 to \$300.00 _____ \$300.00 to \$500.00 _____

\$500.00 to \$1000 _____ Any amount Necessary _____



We welcome you and your pet to Best Friends Boarding! To help us take the best possible care of your pet, please take the time to answer the following questions. Thank you!

Does your pet have any known allergies?

Does your pet have a diagnosed medical condition?

Specify:

Is your pet Spayed/Neutered?

Other than being spayed/neutered has your pet every had a major surgery, and when was the surgery performed?

Has your pet ever bitten a person?

Is your pet known to climb a fence?

Be aggressive?

Bark Excessively?

Best Friends Boarding Agreement

- 1) Best Friends Boarding Facility agrees to exercise due to reasonable care of the pet and to keep its quarters sanitary and safe. The pet will be fed properly and regularly.
- 2) All pets entering Best Friends boarding Facility must be current on vaccinations and free of external and internal parasites, or they will be treated at the owner's expense.
- 3) In the event your pet should become ill during its stay, your pet's veterinarian will be consulted. However, in cases of emergency, or if the pet's veterinarian is unavailable, the kennel reserves the right to consult our own veterinarian. The owner will be responsible for any additional charges for treatment at check out time.
- 4) It is further agreed that all pets are boarded, handled and cared for by Best Friends Boarding Facility without liability by Best Friends Boarding Facility for death, loss or damaged from disease, running away, theft, fire, injury or any unavoidable causes, as long as due diligence and care are exercised by Best Friends Boarding.
- 5) If the pet is not picked up within ten (10) days after expected return date of the owner, the pet will considered abandoned and the kennel is authorized to do what is deemed best and necessary for the pet.
- 6) No pets will be discharged without payment in full for charges.
- 7) This agreement will be valid for the future boarding dates.

Client Signature _____ Date _____

Veterinarian _____