

THE CANINE CLIPPER PET BOARDING CONTRACT

Pet's Name: _____

Breed: _____

Owner: _____

Address: _____

Telephone #: _____

Emergency #: _____

Check In Date and Time: _____

Check Out Date and Time: _____

The owner is required to give notice by phone of any changes in pick up day or time.

Feeding:

Own Food / Kennel Dry / Canned / Both

Amount: _____

Treats: _____

Accommodations: _____

Price Per Day: _____

Bath: _____ Groom: _____ Nails: _____

Date: _____

Vet's name: _____

Phone #: _____

Current Vacs: Rabies: _____ 1yr/3yr

Dist/Parvo: _____ 1yr/3yr

Bordetella: _____

Please list any Medications below. Please indicate how much and how often to administer.

Belongings: _____

I hereby grant permission to the Canine Clipper, LLC to obtain emergency veterinary care for my pet(s). I agree to pay all incurred costs. I agree that a flea bath or other flea treatment may be administered if deemed necessary by the Canine Clipper. I am responsible for any and all costs incurred by the destructive behavior of my pet(s). The Canine Clipper will not be held responsible for any lost, damaged or dirty belongings. All posted business hours will be strictly adhered to, there will be no exceptions. Pick up after 12:00pm is considered another day including Sunday. Pets receiving grooming on check out day will have the 12:00pm pick up waived (Mon-Fri only). A \$1 fee each medication per time it is administered will be collected. I understand and agree to all terms listed above.

Signature: _____ **Date:** ____/____/____ **Checked in By:** _____

Office Use Only:

Accommodation: _____ Price: _____ x _____ days = \$ _____

Number of Meds: _____ x _____ Times per Day = _____ per/day x days: _____ = \$ _____

Destructive behavior description: _____ Playtimes: # ___ x \$5 = \$ _____

_____ Bath\Groom: \$ _____

_____ Nail Trim: \$ _____

_____ Destructive Charge: \$ _____

_____ Deposit Credit \$ - _____

Total Boarding Charge: _____