

## **BOARDING CONTRACT**

Owner Name	2:		Contact Number:	<del></del>
Boarding from	m	to		
Pet Name(s)	& Breed:			
Pet Allergies:	·			
Flea/Tick Pre	ventative Used (ci	ircle one): Topical Pill (	Collar Date Given:	<u> </u>
Medications	& Reasons for Pre	escription(s):		
Veterinary Tr	eatments/Hospita	alizations in past 6 month	ns? No Yes (explain	below)
Health issues	not listed above:			
I do hereby e to the follow		me Boarding & Grooming	g to care for the above listed	pets and dates, and agree
\$20-\$ dog a • I auth	25 (depending on nd the other dogs	weight) for one applicat boarding at Almost Hom ne Boarding & Grooming	pet at any time during his/ho ion of Simparica flea/tick pro ne Boarding & Grooming. to photograph my pet(s) and	eventative to protect my
treati <u>notifi</u>	ment to be provided ed immediately if ems that develop	ed. <u>I understand that I a</u> <u>this happens.</u> I understa	reatment is considered nece m responsible for the cost of nd and agree that AHBG will e and precautions are follow	f the treatment and will be I not be liable for any
I have read t	nis agreement, un	derstand its terms, and s	ign it freely on this date:	
Signature of	owner or owner's	agent:		