

**Boarding Agreement**

---

**Client Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

**Patient Information**

Name \_\_\_\_\_

Species

Dog

Cat

Breed \_\_\_\_\_

Color \_\_\_\_\_

Sex

Male

Female

Age \_\_\_\_\_

**EMERGENCY Contact Information**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Alternate Contact \_\_\_\_\_

Phone \_\_\_\_\_

**Reservation Information**

Date of Drop Off \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to Date of Pickup \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Boarding Hours of Operation**

*Monday, Wednesday, Thursday, Friday*      9am-12pm      &      1pm-5pm

*Tuesday*      9am-12pm      &      1pm-6pm

*Saturday & Sunday*      Closed for Drop Off and Pick Up



I fully understand that I assume all risk and that the Doctors and personnel of Allphin Veterinary Clinic will not be held liable for any problems that may develop provided they have taken all reasonable precautions against injury, escape or death of my pet. I understand that if any problems occur you will attempt to contact the emergency contact listed above. If no one can be contacted, my pet will be treated as deemed best by a Staff Veterinarian and I assume full responsibility for all resulting treatment expenses. I will pick up my pet by the date shown above or I will contact the clinic if my pick-up date needs to be changed.

I have read and understand this BOARDING AGREEMENT and agree to all of the terms outlined therein.

**Owner or Responsible Party:** \_\_\_\_\_

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_