

Boarding Contract

Owner's Name _____

Animal's Name _____

Address _____

Weight _____

Dates being boarded:

Home Phone _____

Approximate pick up time: _____

Emergency phone number where you can be reached

Person to contact if owner can't be reached _____

phone number _____

Drop off and pick up times are:

Mon., Tues., Thurs. 8:30 - 6:30

Wed., Fri. 8:30 - 4:30

Sat. 8:30 - 11:30

** Since cages are reserved for the entire day, you are charged for a full day on both the day of drop off and the day of pick up, regardless of the time.**

I hereby give permission for the doctors and staff of Cherryville Animal Hospital to examine and render whatever treatments they feel necessary to my pet while I am away. I understand that my pet will be examined should any problem arise and I will assume financial responsibility for any examinations and subsequent treatments. All fees incurred will be paid in full when the animal is picked up. The doctors and staff of Cherryville Animal Hospital will not be held liable for any illness or injury incurred by my pet while boarding.

Signature _____

Date _____