



# Boarding Agreement

## Client Information Sheet

"We Care When You Can't"

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_ Wk #: (\_\_\_\_) \_\_\_\_\_

Would you like to communicate by (check all that apply) text message  e-mail  phone

Veterinarian: \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_\_

Are pets covered by pet health Insurance? Yes  No

Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### Emergency Contact Info:

Name: \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Name: \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

How did you hear about All Creatures Pet Care? (Check all that apply)?

- |   |                                       |  |  |                                       |
|---|---------------------------------------|--|--|---------------------------------------|
| All Creatures Customer <input type="checkbox"/> | Veterinarian <input type="checkbox"/> | Groomer <input type="checkbox"/>             | Trainer <input type="checkbox"/>             | Other Kennel <input type="checkbox"/> |
| Friend <input type="checkbox"/>                 | Local Event <input type="checkbox"/>  | Chamber of Commerce <input type="checkbox"/> | Sun City Directory <input type="checkbox"/>  | Yellow Pages <input type="checkbox"/> |
| Internet Search <input type="checkbox"/>        | Craigslist <input type="checkbox"/>   | Online Yellow Pages <input type="checkbox"/> | Google <input type="checkbox"/>              | Yahoo! <input type="checkbox"/>       |
| Other Internet <input type="checkbox"/>         | Car Magnet <input type="checkbox"/>   | Flyer/Boucher <input type="checkbox"/>       | Other Advertisement <input type="checkbox"/> | Other <input type="checkbox"/>        |

Can you give name or location of referral? \_\_\_\_\_

### Emergency Care

No one expects anything to happen but that's usually when it does. In case of this, I need a dollar amount you will be willing to spend on emergency care if you can not be reached and care is needed right away.

I agree to Emergency Care and Authorize All Creatures Pet Care to use the Credit Card listed below to pay for the charges.

Exceptions: \_\_\_\_\_ Amount: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_ 3 digit code on back \_\_\_\_\_

Name On Card: \_\_\_\_\_ Signature: \_\_\_\_\_

What arrangements should be made in the unlikely event of your pets death? \_\_\_\_\_

**If your Vet is unreachable, we will use ANY available Georgetown or Emergency Vet if/as necessary.**

# Terms and Conditions

**This is a contract between All Creatures Pet Care (hereinafter called "ACPC") and the pet owner whose signature appears below (hereinafter called "Owner")**

Owner agrees to pay the rate for boarding in effect on the date pet is checked in with ACPC (as indicated on contract). **A full night will be charged if picked up after 6pm.**

Owner further agrees to pay all costs and charges for special services requested, and all veterinary costs for the pet during its stay.

Owner further agrees to pay for flea treatment if fleas are found during the pets stay.

Owner further agrees that the pet shall not leave the premises until owner pays all charges in full.

By signing this agreement and leaving his/her pet with ACPC, Owner certifies to the accuracy of all information given about any pets listed in the pet information sheet.

ACPC shall exercise reasonable care for the pet delivered by the Owner for boarding. The Owner further agrees to be solely responsible for any and all acts of behavior of said pet while it is in the care of ACPC.

Owner specifically represents to ACPC that the pet has not been exposed to rabies or distemper within the last thirty days and that said pet is current on all vaccinations.

All charges incurred by the Owner shall be payable upon pick-up of pet, or when billed by ACPC at address on Pet Care Agreement.

If pet becomes ill or if the state of the animals health otherwise requires professional attention, ACPC, in its sole discretion, may engage the services of a veterinarian, administer medicine or give other requisite attention to the animal, and the expenses thereof shall be paid by the Owner.

## **Release & Signatures**

I agree to pay in full via cash or check at time of pick up, when my pet/pets are released from the boarding facility. This includes any additional fees due for emergency services or medical treatments I agreed to, as well as any other service that may have been deemed necessary (per their discretion if I was unreachable) for emergency care per my approved specified amount.

I understand that ACPC will use every reasonable precaution to prevent escape, injury, illness or death of my pet(s) as well as to those of others placed in their care. ACPC will not be held liable or responsible in any manner for illness, injury, escape or death that happens beyond their control.

**Do we have your permission to take photos of your pet and put them on our website? Yes  No**

**I have read and fully understand, and agree to the Terms and Conditions of this agreement.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_