



_____ (check in & check out dates)

I, _____ (first & last name) do hereby entrust Gill Bright Animal Hospital to care for _____ (pet) while boarding and agree to all of the terms listed below. I understand and agree that if the need arises medical treatment for _____ (pet) will be provided by GBAH, and I agree to pay all costs associated with such treatment. I verify that the pet on this contract is in good health, unless specified otherwise to staff. My pet will be examined for fleas at check-in and treated if necessary at a charge of \$6.50.

I agree to pay for any ancillary services listed below.

- _____ Bath (includes nail trim, anal gland expression, and ear cleaning)
- _____ Clip (includes nail trim, anal gland expression, and ear cleaning)
- _____ Heartworm and/or Flea Prevention
- _____ Annual Vaccines

_____ **Medication**

RX (1): _____ Dosage _____ # times per day _____

RX (2): _____ Dosage _____ # times per day _____

RX (3): _____ Dosage _____ # times per day _____

Behavior Concerns: Please check all that apply

- () scared of kennel () aggressive toward others () scared of loud noises () jump fence
() other _____

Owner's Property: Please describe below

Leash: _____ Bedding: _____ Food: _____ Other: _____

Gill Bright Animal Hospital will not be held responsible for any personal belonging's damage or misplacement.

Special Instructions: _____

I agree to the boarding policies and prices of Gill Bright Animal Hospital and give my consent for those requiring it. I further acknowledge that I have discussed all my questions and concerns with the staff and they have been answered to my satisfaction. Payment, in full, is required at time services are rendered.

Client Signature: _____ Phone number: _____ Date: _____

Emergency Contact: _____ Phone number: _____