

Please print, fill out and bring this form with you at the time of your pets' appointment. Thank you.



5439 Butler Road - Bethesda, MD 20816 - (301) 654-3000

Boarding Agreement

Pets' Name: _____ Species: _____ Breed: _____ Weight: _____

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number (with area code): _____

Emergency Contacts/Numbers _____

Feeding Instructions (amount and frequency) _____

Medications _____

Special Instructions _____

Sign up for playtime at Canine Clubhouse-doggy daycare:

\$12 (2 hours) X _____ days. OR \$36 (full day/6 hours) X _____ days. Come next door to see!!

Items Brought _____

All animals are examined by a veterinary technician upon entry. If a problem is detected, please choose among the following treatment options:

Do not treat my pet _____ (PLEASE INITIAL)

Please contact me before performing an exam _____ (PLEASE INITIAL)

Perform an exam and treat as needed _____ (PLEASE INITIAL)

Pick Up Date _____ Pick Up Time _____

I understand that charges are as follows:

Cats: \$24/per night

Dogs: (price includes 2 walks per day)

0 - 49 lbs: \$36/per night

50 - 89 lbs: \$39/per night

90 lbs & up: \$42/per night

SPECIAL CARE Cats or Dogs: \$10/per night in addition to the above base nightly boarding charge

MEDICAL BOARD Cats or Dogs: \$20/CHARGED **PER DAY** in addition to above base nightly boarding charge

*** _____ 's **BOARDING CHARGE: \$ _____ per night** receptionist please complete ***

{+\$20 daily fee receptionist please circle if Medical Boarder ONLY}

In the event of an emergency, every reasonable effort will be made to contact the owner or emergency contact person. In the event of an emergency, I consent of any and all treatment deemed necessary, including transportation to an emergency facility, and agree to be responsible for the charges incurred. I understand that Kenwood Animal Hospital is not staffed 24 hours a day and is equipped with a fire detection system. I understand that all reasonable precaution will be used against injury, escape or death of my pet.

Owner or Authorized Agent _____ Date _____