

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

**KENWOOD ANIMAL HOSPITAL**  
5439 Butler Road  
Bethesda, Maryland 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 \_\_\_\_\_

**Sign up for a bath before pickup** (at additional fee, pets will be available **after 2pm** on your scheduled pickup date)  
\_\_\_\_\_ **(INITIAL)** (THIS SERVICE NOT RECOMMENDED FOR CATS)

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

Treated as needed \_\_\_\_\_ **(INITIAL)**

I pre-authorize treatment as needed up to \$ \_\_\_\_\_ .00 (please fill in amount) \_\_\_\_\_ **(INITIAL)**

Please contact me before treating (as possible)\* \_\_\_\_\_ **(INITIAL)**

Do not treat my pet \* \_\_\_\_\_ **(INITIAL)**

(\*please note that a \$5/(per) phone consultation fee will be applied, and this may result in the delayed treatment of your pet)

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 - 40 lbs: \$36/per night      41 - 80 lbs: \$39/per night      81 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 \_\_\_\_\_