

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

**KENWOOD ANIMAL HOSPITAL**  
5439 Butler Road  
Bethesda, MD 20816  
(301)654-3000

## BOARDING AGREEMENT

Pet Name : \_\_\_\_\_ Species : \_\_\_\_\_ Breed : \_\_\_\_\_

Name : \_\_\_\_\_ Primary Phone# (w/ area code) : \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contacts/Numbers \_\_\_\_\_

Feeding Instructions (amount and frequency) \_\_\_\_\_

Medications \_\_\_\_\_

Special Instructions \_\_\_\_\_

Items Brought \_\_\_\_\_

**Sign up for extra walks** (AM/PM included daily, two additional midday may be added) (\$6.50/ea):   +1 (3/day)   +2 (4/day)

**Sign up for playtime at Canine Clubhouse-doggy daycare** (as available/space may be limited):  
\$16 (2 hours) X \_\_\_\_\_ days OR \$42.50 (full day/6 hours) X \_\_\_\_\_ days. *Come next door to see!*

**Sign up for a nail trim before pickup** (\$27) (nail trims are included with all baths/grooming services)

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

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

Treat as needed \_\_\_\_\_ (INITIAL)

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

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

{\*please note that a phone consultation fee may be applied , and this may result in the delayed treatment of your pet}

Pick Up Date:

**I understand that charges are as follows:**

**Cats:** \$28.50/per night

**Dogs:** (price includes 2 walks per day) 0-30Lbs: \$40.50/night 31-60Lbs: \$44/night 61Lbs & up: \$47/night

**In the event of an emergency, every reasonable effort will be made to contact the owner or emergency contact person. I consent to 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, but is equipped with a fire/flood detection system. I understand that all reasonable precaution will be used against injury, escape or the death of my pet.**

Owner or Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_