



# Boarding Agreement

Check in:
Check out:

**Personal Information:**

Owner's Name	Pick up person, if different from owner:		
Owner's Home #:	<input type="checkbox"/> Preferred	Owner's Cell #:	<input type="checkbox"/> Preferred
Emergency Contact Name:		Emergency Contact #:	

**Pet Information:**

Pet's Name	Feeding Instructions:	Grooming
		Full Groom Nails only Anal Glands
		Full Groom Nails only Anal Glands
		Full Groom Nails only Anal Glands

Any additional notes regarding grooming, bedding, toys, etc.:

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**\_\_\_\_\_ (Initial)** If my pet is not eating, I authorize Midway Animal Clinic to use other foods to entice them to eat. Additional charges may apply.

**\_\_\_\_\_ (Initial)** Pets must be current on vaccinations. Required canine vaccines include Rabies & Bordetella. Feline vaccines include Rabies. If not up-to-date on these vaccines, they will be administered at the owner's expense.

**\_\_\_\_\_ (Initial)** Oral medicines administered with normal food will be no charge. Any medicines requiring the use of our pill pockets, can food, etc. will be charged \$1 per administration. Insulin administration is \$2 per injection:

Medications/Supplements:      Instructions:


\*Please note that Midway Animal Clinic is not responsible for any items that may be lost, chewed, or damaged during your pet's stay. This includes toys, bedding, collars, etc.

Should any emergency occur while my animal is boarding at this facility, I give permission for my pet to be treated at my expense.

Yes \_\_\_\_\_ No \_\_\_\_\_ Not in excess of \$ \_\_\_\_\_ **Authorized Signature:** \_\_\_\_\_

I have made Midway Animal Clinic aware of any special needs that my pet(s) may have. I also understand that foreseen and unforeseen medical issues can arise while my pet is boarding and I am fully responsible for all costs associated with any medical issues that may arise. I am also aware that while very effective, vaccines do not protect against all possible organisms that my pet may come in contact with. For this reason, I will not hold Midway Animal Clinic responsible for any occurrences of socially transmitted or airborne illnesses. I understand that payment is due in full at the time of check out. I agree that if my account should go into collections, I will be responsible for all costs. All images taken at Midway Animal Clinic are the property of Midway Animal Clinic and may be used for promotional purposes.

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