Boarding Consent and Release Form



Owner's Full Name:	Phone #
Pet(s) Name:	
Veterinarian / Emergency Contact:	Phone #
DAY BOARDING ONLY - (8AM-5PM SAME D	PAY PICK-UP)
OVERNIGHT BOARDING - Boarding starts o	on (date) at am/pm. I will be
picking my pet up on (date)	at am/pm.
PLEASE INITIAL AND SIGN AT THE BOTTOM:	
OVERNIGHT BOARDING CHECK-OUT is 11AN boarding charge.	1. Pick-Ups between 11AM - 5PM are subject to additional day
Would you like to add a grooming package (Your pet may have to be groomed the day	<u> </u>
My pet should be feed times daily at _	am/pm and atam/pm.
My pet will need to have medication () given daily.
Besides my pet's food, I have also brought it irreplaceable	tems from home such as: Please do not bring any items that are
For the safety of my pet and the Doggy Spa not be able to offer services and and your dog will ne	LLC staff, if your dog displays overly aggressive behavior, Doggy Spa will eed to picked up immediately.
	I authorize this establishment to immediately seek professional veterinderstand that all attempts will be made to contact me in the event of an
We require dogs to be up to date on all vacc	inations prior to every boarding visit.
Drop off/Pick up Procedure: Drop off after 8 am and p Sunday.	oick up by 5 PM Monday thru Saturday and pick up between 12-5 PM on
Owner's signature	Date: