

RUFFING IT PET SPA AND SUPPLIES
BOARDING AGREEMENT

DATE _____

OWNER INFORMATION

I understand there is a 72 hour Cancellation Policy. Failure to provide a 72 hour notice of a cancellation will result in a \$60.00 cancellation fee.

Owner Initials

OWNER NAME _____

CELL PHONE _____ HOME PHONE _____

WORK PHONE _____ ALTERNATE PHONE _____

OWNER ADDRESS _____

MAILING ADDRESS _____

EMERGENCY CONTACT INFORMATION / NAME _____

PHONE _____ ALTERNATE PHONE _____

ADDRESS _____

OWNER TRAVELING TO: _____

DROP OFF INFORMATION

PET/PETS DROPPED OFF BY _____

Name

ADDRESS (IF DIFFERENT FROM OWNER'S) _____

_____ PHONE NUMBER _____

SIGNATURE OF PERSON DROPPING OFF PET

DATE

PICK UP INFORMATION

I understand that there is an agreed upon time for the pick up of my pet/pets. Failure to pick up my pet by the agreed upon time will result in a late pick up fee of \$25.00 per hour for every hour after agreed pick up time.

My Pet Must be picked up by _____ ON _____.

Owner Initials

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AGREED RETURN DATE & TIME : DATE _____ TIME _____

ACTUAL RETURN DATE & TIME: DATE _____ TIME _____

PET/PETS RELEASED TO _____
Name

ADDRESS (IF DIFFERENT FROM OWNER'S) _____

PHONE NUMBER _____

SIGNATURE OF PERSON ANIMAL RELEASED TO

DATE

VETERINARIAN INFORMATION

CLINIC NAME _____

DOCTOR _____

ADDRESS _____ PHONE _____

AFTER HOURS / EMERGENCY VETERINARIAN INFORMATION

*Our After Hours / Emergency Clinic is : Animal Emergency Clinic of the High Country
1710 Highway 105
Boone, NC 28607
(828)268-2833*

www.animalemergencyclinicboone.com

If an emergency occurs at our facility we will use all contact information available to make you aware. However, medical care for your pet will not be delayed if we are unable to reach you or your emergency contact for authorization. All medical bills (Regular or Emergency Vet) acquired by your pet/pets during their stay at our facility will be the responsibility of the owner. _____

Owner Initials

PET INFORMATION

NUMBER OF PETS STAYING _____ NUMBER OF ROOMS BOOKED _____

Room # _____

DOG (1) NAME _____ SEX M F NEUTERED INTACT

BREED / BREED TYPE _____ AGE _____

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DESCRIPTION / MARKINGS _____

MEAL INFORMATION

ALLERGIC TO: _____

TIME: _____ MEAL _____ AMOUNT _____

TIME: _____ MEAL _____ AMOUNT _____

TIME: _____ MEAL _____ AMOUNT _____

SPECIAL INSTRUCTIONS: _____

1. WILL MEDICATION BE REQUIRED FOR THIS PET DURING THEIR STAY? YES NO

2. IS THIS PET DIABETIC? YES NO

3. ANY HISTORY OF MEDICAL PROBLEMS? YES NO

(IF YES # 3, PLEASE EXPLAIN) _____

****A COPY OF YOUR PETS VACCINATION RECORD IS NEEDED FOR THEIR STAY. VACCINATIONS NEEDED ARE : CURRENT RABIES VACCINATION AND CURRENT BORDETELLA VACCINATION. FAILURE TO PROVIDE PROOF OF THESE VACCINATIONS WILL RESULT IN A CANCELLATION OF YOUR PET/PETS RESERVATION. ****

VACCINATION RECORDS CAN BE SENT TO : RUFFINGITPESPA@GMAIL.COM YOUR PETS RESERVATION WILL NOT BE CONFIRMED UNTIL I HAVE RECEIVED THEIR VACCINATION RECORDS.

Room # _____

DOG (2) NAME _____ SEX M F NEUTERED INTACT

BREED / BREED TYPE _____ AGE _____

DESCRIPTION / MARKINGS _____

MEAL INFORMATION

ALLERGIC TO: _____

TIME: _____ MEAL _____ AMOUNT _____

TIME: _____ MEAL _____ AMOUNT _____

TIME: _____ MEAL _____ AMOUNT _____

SPECIAL INSTRUCTIONS: _____

**RUFFING IT PET SPA AND SUPPLIES
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1. WILL MEDICATION BE REQUIRED FOR THIS PET DURING THEIR STAY?	YES	NO
2. IS THIS PET DIABETIC?	YES	NO
3. ANY HISTORY OF MEDICAL PROBLEMS?	YES	NO

(IF YES # 3, PLEASE EXPLAIN) _____

CO-MINGLING

(CHECK ALL THAT APPLY)

- YES I WILL ALLOW MY DOG TO CO-MINGLE WITH OTHER DOGS FROM MY HOUSEHOLD WHILE AT THIS FACILITY
- YES I WILL ALLOW MY DOG TO CO-MINGLE WITH OTHER DOGS NOT FROM MY HOUSEHOLD WHILE AT THE FACILITY
- NO I DO NOT WANT MY DOG CO-MINGLING WHILE AT THE FACILITY