

The Family *Pocket* Pet Boarding Agreement

OFFICE USE ONLY	
Pet Name: _____	Client Name: _____
Drop Off Date: _____	Pick Up Date: _____ AM/PM
Species: _____	
Feeding/Medication: Diet, Frequency & Amount	
Bedding: Frequency	

Owner to Initial:



____ I understand that I will be charged for the day of check-in, regardless of time, and that the check-out time is 12:00pm noon (I will not be responsible for that day if picked up before then, and will only be charged if picked up after).

____ I understand that any requested services or treatments indicated on this agreement will incur additional charges.

____ I understand that my pet's health is a priority and if I am not able to be contacted for authorization, basic medical care will be provided for my pet at the doctor's discretion, and that I will be responsible for the charges.



____ I understand that all charges will be due at the time of check-out.

____ I understand that in the event of a fire or a natural disaster, The Family Pet will not be held responsible for any injury or loss of life sustained.

____ I understand that if I bring any belongings to be left with my pet, there is a chance they will be lost and/or damaged. The Family Pet is not responsible for any lost or damaged items.



Would it be okay if we took a picture of your pet and put it on social media? Yes or No



Signature of Owner or Agent: _____ Date: ____/____/____

Is there a phone number you can be reached at? _____

*** If I have made arrangements for another person to pick up my animal from boarding, I understand that I need to prepay or put a credit card on file when my pet is admitted. ***

Person picking up: _____ Phone #: _____



Emergency Contact: _____ Phone #: _____