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


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 #: ___________________

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