BOARDING AGREEMENT

Critter Doctor

11828 Slater Avenue NE, Ste.100 Kirkland, WA 98034 Phone # 425-823-6762

Today's Date:	Date of Pick-up:	PM ate)
Owner:	Pet Name:	
Cell Phone Number or Emergency Contact: Provide your email if you'd like occasional	email updates:	
Please list all belongings (carrier, toys,	etc):	
Medications (type, frequency, when next	dose needs to be administered, etc):	
Feeding Instructions (dry, wet, special ty	ype, etc):	
List all other procedures/services ye (ex: Additional Playtime, Bath, Nail Trim, Anal	ou would like your pet to receive while staying with Gland Express, Exam, Update Vaccinations):	h us
	ents requiring extra care due to special needs. A bathing charg parding. An estimate for these charges can be provided.	ge will
and/or perform a fecal exam, in accordance		
treatment options. If no one can be reached	rgency number listed above regarding your pet's symptoms, a in a reasonable amount of time this form will serve as consent for, or operate upon the above listed pet(s). Be assured we will tment.	for
up within fifteen days of notice, the animal will be coresponsible party refuses to pay agreed upon or reason	ate specified, notice will be given to the responsible party. If the pet is not onsidered abandoned. The pet will also be considered abandoned if the onable charges for the treatment, boarding, or care of pets left at the Critter delivered to the local Humane Society or Animal Control.	_
I have read the foregoing and agree to the above	Signature of Owner/Representative of Owner Date	