

**BOARDING AGREEMENT**

Acct. # \_\_\_\_\_

Animal Medical Clinic  
701 Lion Parkway  
Columbia, TN 38401  
931-388-6215

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Pet Name(s): **K9 / Feline** \_\_\_\_\_

**Boarding Fees:** Small dogs (1 to 25 lbs.) - \$18.00 per day  
Medium dogs (26-50 lbs.) - \$19.00 per day  
Large dogs (51-100 lbs.) - \$20.00 per day  
X-large dogs (>100 lbs.) - \$21.00 per day  
Cats - \$18.00 per day

**Medication Administration - \$12.00 per day**

**BOARDING REQUIREMENTS:**

**Pet must be current on all vaccinations (K-9: DHLP/ RV/ Kennel Cough / Feline: RCP / RV) and have had Physical Exam within the past year.**

Items brought for pet: FOOD \_\_\_\_\_ TOYS \_\_\_\_\_ BLANKET \_\_\_\_\_ BED \_\_\_\_\_ Other \_\_\_\_\_

**MEDICATIONS:** YES / NO (please list) \_\_\_\_\_

Special Instructions: BATH \_\_\_\_\_ NAILS \_\_\_\_\_ FLEA CONTROL \_\_\_\_\_ SURGERY \_\_\_\_\_

OTHER \_\_\_\_\_

**Boarding Date(s):** \_\_\_\_\_ **Pet Carrier** Yes / No

**Boarding charges are incurred on a per day basis – if not picked up by 12:00 noon on pick-up date, owner will be charged for that days boarding. There is a “Per Day” charge for the administration of medication(s).**

Responsible precaution will be used against injury, escape, or death of this pet. The clinic and staff will not be held liable for problems that develop. All reasonable care and precautions are followed at all times. I understand that any problem that develops with my pet will be treated as deemed best by the staff veterinarians and I assume full responsibility for the treatment expense involved. All pets not picked up within 10 days after expected date of pickup will be considered abandoned. Animal Medical Clinic is given authorization to dispose of the pet(s) as deemed best.

**Owner (or Responsible Party)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Office Use Only: (Please check items that are needed)**

PE \_\_\_\_\_ DHLP \_\_\_\_\_ Rabies \_\_\_\_\_ Bordetella \_\_\_\_\_ Fecal: \_\_\_\_\_ H/W Test: \_\_\_\_\_ AHS: \_\_\_\_\_ SHS: \_\_\_\_\_

RCP \_\_\_\_\_ Rabies \_\_\_\_\_ FeLeuk \_\_\_\_\_ FIV \_\_\_\_\_ Other: \_\_\_\_\_