

**Paws and Paw-Paws, LLC BOARDING AGREEMENT**

**PLEASE FILL OUT (PRINT) THE FOLLOWING:**

**CLIENT INFORMATION**

Owners Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Pet's Name(s): \_\_\_\_\_

Vet Clinic \_\_\_\_\_

Has your dog ever climbed a fence or bitten anyone:

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Phone #'s where you can be reached \_\_\_\_\_

Location where you will be:

U.S. **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

Out of country **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**EMERGENCY CONTACT**

Name & Phone \_\_\_\_\_

Who other than you, is authorized to pick up your pet? \_\_\_\_\_

**ITEMS LEAVING WITH PET**

Please Note- we take all reasonable care of personal items you leave with your pet; however we are not responsible for loss or damage.

Bed \_\_\_\_\_

Leash (color) \_\_\_\_\_

Food (Name) \_\_\_\_\_

Other \_\_\_\_\_

**FEEDING INSTRUCTIONS**

Own Food

yes \_\_\_\_\_ no \_\_\_\_\_ (If no, "house" food is provided at \$5/feeding)

**Frequency:**

2 x day \_\_\_\_\_

3 x day \_\_\_\_\_

**How many cups per meal:**

\_\_\_\_\_ cups

Other instructions:

\_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS**

Name: \_\_\_\_\_

Dose & Schedule \_\_\_\_\_

Name: \_\_\_\_\_

Dose & Schedule \_\_\_\_\_

Name: \_\_\_\_\_

Dose & Schedule \_\_\_\_\_

Name: \_\_\_\_\_

Dose & Schedule \_\_\_\_\_

List any important info. (medical conditions, allergies, fear of thunder, blind, deaf, afraid of men, etc.) \_\_\_\_\_

**BATH- (Additional charge)**

Would you like your dog bathed on departure day **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Estimated time of pick up \_\_\_\_\_

**By Signing Below it signifies that you have read and understood our policies and procedures, and the above information is accurate to the best of your knowledge:**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_