



### Boarding Agreement

Pet Name: \_\_\_\_\_ Owner Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Names of people authorized to drop off/ pick up your pet: \_\_\_\_\_  
Drop off Date: \_\_\_\_\_ Pick Up Date: \_\_\_\_\_ Approximate Pick Up Time: \_\_\_\_\_

### Feeding Instructions

Name of food \_\_\_\_\_ Quantity *per* meal \_\_\_\_\_ Frequency: ☐ am ☐ noon ☐ pm  
Wet \_\_\_\_\_ Dry \_\_\_\_\_ Mix \_\_\_\_\_ Dry mixed with water \_\_\_\_\_ Treats: \_\_\_\_\_ ☐ am ☐ noon ☐ pm  
Food Restrictions: \_\_\_\_\_ Date of last feeding? \_\_\_\_\_ Time of last feeding? \_\_\_\_\_  
We do not raise food bowls unless advised by a Veterinarian, if you prefer your dog's food bowl raised please provide your personal elevated stand. Please provide the elevated height \_\_\_\_\_.

If we run out of your dog's meals, may we feed our most comparable *NutriSource* Diet? ☐ Yes (\$3 per feeding) ☐ No

**Treats/Enticements:** Some pets are reluctant to eat in new environments. If your pet is a reluctant eater, what foods can be used as enticements? \_\_\_\_\_

**Upset Tummy's:** Some pets are prone to diarrhea due to stress in new environments. If your pet experiences diarrhea can we supplement their meals with ground beef and/or rice? ☐ Yes ☐ No Antacid? ☐ Yes ☐ No Antidiarrheal? ☐ Yes ☐ No

### Play Or No Play Time Authorization:

**I understand the charges below are in addition to the nightly rate of \$ 22.00 (\$18.75 multi dogs) per evening. Initial \_\_\_\_\_**

If nothing is chosen, dayboard rates will be applied.

Activity	Cost	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S
Day Board Only	\$9 per day per dog – <b>NO PLAYTIME</b>														
Full Day Daycare	\$30.00 per day (\$25.50 multiple dogs)														
Half Day Daycare	\$22 per day (\$18.75 multiple dogs)														
2 Hour plays	\$11.50 per day (\$9.75 multiple dogs)														
Group Swimming	\$7.50 per swim (\$6.40 Multiple dogs)														
Private Swimming	\$22.00 per swim (\$16.50 multi dog private swim group)														

### Personal Possessions: (Label with pet's name, where possible)

*We take all reasonable care of personal items you leave with your pet; however we cannot be held responsible for loss or damage.*

☐ Collar/Leash ☐ Gentle Leader ☐ Harness ☐ Crate/Carrier ☐ Food ☐ Treats \_\_\_\_\_

☐ Medication (please complete medication section)

☐ Bedding, describe: \_\_\_\_\_

☐ Toys, list and describe: \_\_\_\_\_

**Grooming:** Would you like us to bathe your pet before pick-up?

Bath (\$25): ☐ Yes ☐ No Nail Trim (\$10.00): ☐ Yes ☐ No

Scheduled time for grooming: Date: \_\_\_\_\_ Time: \_\_\_\_\_

### Medications or Supplements

Complete a section for *each* medication, treatment or supplement. Please be specific and provide all information:  
Please provide all medications in clearly marked, individual containers, and all necessary food or treats.

#### Medical Information Physical Condition: Please provide details:

Current Weight \_\_\_\_\_ Lumps \_\_\_\_\_ Scrapes \_\_\_\_\_ Hot spots \_\_\_\_\_ Lameness \_\_\_\_\_  
Diarrhea \_\_\_\_\_ Other \_\_\_\_\_

1) Name of Medication/Supplement \_\_\_\_\_

Treatment for: \_\_\_\_\_

Will the course of treatment be completed while your pet is in our care? ☐ Yes ☐ No

☐ Capsule ☐ Tablet ☐ Ointment ☐ Drops ☐ Spray ☐ Powder ☐ Other

Frequency: ☐ am ☐ noon ☐ pm

Dosage: \_\_\_\_\_

Administration: ☐ Eats as treat ☐ In meal ☐ Pill Pocket ☐ In snack ☐ Peanut butter ☐ Cheese ☐ Canned food

Are there special instructions for administering medication? \_\_\_\_\_

2) Name of Medication/Supplement \_\_\_\_\_

Treatment for: \_\_\_\_\_

Will the course of treatment be completed while your pet is in our care? ☐ Yes ☐ No

☐ Capsule ☐ Tablet ☐ Ointment ☐ Drops ☐ Spray ☐ Powder ☐ Other

Frequency: ☐ am ☐ noon ☐ pm

Dosage: \_\_\_\_\_

Administration: ☐ Eats as treat ☐ In meal ☐ Pill Pocket ☐ In snack ☐ Peanut butter ☐ Cheese ☐ Canned food

Are there special instructions for administering medication? \_\_\_\_\_

### MEDICAL TREATMENT

Should your pet require immediate medical attention, your pet will be transported to the nearest Veterinary Hospital. We would contact you / and your emergency contact regarding your pet's symptoms, treatment options, and an estimate of additional costs.

Veterinarian: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner authorizes Veterinarian to communicate with Canine Fitness and Fun Center any pertinent information regarding care and treatment as well as visitation rights. **Initial here:** \_\_\_\_\_

\*Please perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached. I authorize up to the following amount: **Initial One** \$300.00 \_\_\_\_\_ \$500.00 \_\_\_\_\_ \$1000.00 \_\_\_\_\_ Unlimited \_\_\_\_\_

\*\*In a **life threatening situation and you or your emergency contact could not be reached**, I understand that CFFC will make the best decision for the well-being of my pet on my behalf, however I would ask for the following treatment:

Please **initial one** option:

I authorize surgery if it is an option for an unlimited amount \_\_\_\_\_

I authorize surgery if it is an option for up to \$1500 \_\_\_\_\_

I *do not* authorize surgery, keep my pet comfortable if it is an option until I can be reached \_\_\_\_\_

\*\*\*If it is in the best interest of my pet I authorize euthanasia. **Please initial one:** Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

My emergency contact is aware that they may be making life saving decisions for my pet: ☐ Yes ☐ No

I will available by: \_\_\_\_\_ Phone: ☐ Yes ☐ No Email: ☐ Yes ☐ No Texting: ☐ Yes ☐ No

Owner understands and agrees to the charges for boarding at Canine Fitness and Fun Center. Payment in full is required upon discharge of pet including any additional medical costs incurred during the duration of pets stay.

SIGNATURE (Owner/Agent for Pet): \_\_\_\_\_ DATE: \_\_\_\_\_