

Supplemental Boarding Log and Agreement

Owner's/Authorized Agent's Name: _____

Phone(s):

Primary: _____ :

Secondary: _____ :

Spouse or Co-owner's Name _____ Phone(s) _____

Pet's Name(s)	Arrival Date	Departure Date	Owner's Emergency Phone	Acknowledgement of Boarding Agreement	Items Left (Leashes, Toys)

If my pet(s) identified on this record become ill, Prestige Animal Hospital will provide all medical/surgical treatment it deems necessary, with fees not to exceed \$_____.

I agree to make complete payment to this boarding facility at the time of drop off. I certify that my pet appears to be free of contagious disease and has not bitten anyone within the past ten days. I understand that if I fail to pick up my pet within ten days of notification to the above address, my pet will be considered abandoned and will be handled in accordance with the requirements of state law, and that doing so does not relieve me of my financial obligations to this facility.

Signature of Owner or Authorized Agent

Date