MAPLEBROOK PET CARE CENTER CLIENT BOARDING AGREEMENT FORM

Date:	Owner Name:	Pet Name:
Boardin	g dates: Date in	Date out
STATEM • • •	are Mon- Fri:7:30am - WE NO LONGER HAN I am aware that this supervision. Doctors do not guarantee that Holidays I understand that pers Maplebrook Pet Care C Maplebrook Pet Care C pledges to give appropharmless for condition including, but not limit	and dropped off during regular business hours, which 6:00pm and Sat: 7:30am- 1:00pm
"Should r following Plo to I a	:" (please check <u>one</u>) ease contact me prior to reach you, basic treatm authorize treatment of n authorize any treatment	red, I authorize Maplebrook Pet Care Center to do the any treatment of my pet. (If we are unable ent will be provided as deemed necessary by the DVM.) y pet up to \$ without contacting me without contacting me.
	NG CHARGE PER NIGH \$47.00 PER NIGHT	T: CATS: \$34.50 PER NIGHT
This addi your pet DIABETIO	is eating, drinking, and C BOARDING CARE: Al	DDITIONAL \$50.00 PER NIGHT
Pets mus D All pets n	nust also have a negativ	
AD	DITIONAL LET OUT (\$18 How many AIL TRIM DOGS LEVEL 1	ERVICES REQUESTED FOR YOUR PET: .00/day) days total during stay? (\$29.00) NAIL TRIM DOGS LEVEL 2*- (\$50.00) *Client will be notified prior to level 2
		oproved & charges may apply) YES NO

MEDICATIONS/SUPPLEMENTS:

We will gladly make certain your pet receives his/her medication or supplements while boarding. The daily charge for this is: (\$10.00)

For all medications we **MUST** have them in the original container with the prescription label from the prescribing veterinarian and we **MUST** administer all medications according to the directions on the label. **If your vet has adjusted your pet's dose, we will need to have a correct prescription from the DVM with the current directions.

Please list all medications and supplements with fill instructions:

Medication (Including	Directions			How to administer
strength & form)				
**In the event that y there may be insufficithis is the case, your directions. If we do revaluate the medications of the personal belong Personal belong Please list any other etc: (please be aware given to your pet, at responsible for loss of the personsible for loss of the persons the per	ient time during DVM may adjust not have this info ion and give spec SINGS: er items you are that any items the hospital's dis	our business the dosing be contacted to the dosing be contacted to the dosine that could be coretion). Map	hours to follow the by sending us a new n your DVM, one of s for dosing times. th us, such as been a potential choking	dosing schedule. If prescription with our DVMs will dding, toys, food, g hazard may not be
DIET: We recommend that in vomiting and diarriff From Home: Times a day:	a day: you bring your pone in some pets Type:	□ 2x et's regular fo 5. □ 2x	□ 3x □ cood as abrupt food □ □ Maplebroo □ 3x	
******	*****	*******	*******	*****
YOU ARE WELCOME IN FULL IS REQUIR			OF DROP OFF, HO	WEVER PAYMENT
I have read this agree	ement and under	rstand its teri	ms and sign it freely	/ .
SIGNATURE OF CLIEN	NT/AGENT			
		DAT	E	
MY EMERGENCY NUM	BER(S)			
	(-/			
Charles die bee	tiale) Chaussain	. Assimanula	Time Ch	aveca chacked by