

1073 S Broadway Lexington, KY 40504 859-255-5595

Boarding Contract

Owner's Name:		Contact Phone Number:	
Pet's Name and weight:			
Pet Information			
Veterinarian's Name/Clinic: _			
Phone Number:			
		ny pet without updated vaccina I with current documentation fr	ition documentation. It is the pet om your veterinarian.
Last flea/tick preventative: t	ype and date of applica	tion	
Destructive chewer?	Climber?	Previously abused?	Arthritis?
Fear of thunderstorms/firewo	orks?	Medications used to treat:	
Other special needs/commen	ts:		
Does your pet have a history	of aggression towards	people or animals?	(if yes, please explain)
OTC Medications: Name of n	roduct.	WI II	(if yes, please explain)
How much:		When/how often:	
* All prescriptions must	be properly labeled from a v		tructions. OTC treatments must have dosing
Feeding: Type of Food (Brand	d):	How Much:	When/how often:
*If food is not provided	by owner or an insufficient		ded, the kennel will provide a diet for the
Other Information	_		
Emergency contact if owner	cannot be reached or is	unavailable:	
Name:	Phone:	Relationship	o:
Other person(s) authorized to	pick up your pet(s):		
		(Name	and Phone)

Please complete reverse side



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Payment is expected for services at the time of checkout. Owner agrees to pay all costs and charges for nightly boarding (which includes housing, food and water), any special services requested, plus all veterinary expenses deemed necessary by the kennel during the time the pet is in the kennel's care. Pets picked up after 4:00 pm Monday-Friday will be subject to a \$5 late pick up fee.

Due to the nature of our facility, there are certain inherent risks to your pet. These risks may include, but are not limited to: exposure to communicable disease, exposure to internal or external parasites, skin irritation, broken nails, puncture wounds, abrasions, cuts, or allergic reactions. All pets are being boarded without liability on the part of the kennel for loss or damage from disease, death, running away, theft, fire, injury to persons, other pets, or property by said pet, or other unavoidable causes, due diligence having been exercised by kennel personnel.

Every care is taken to ensure your pet remains as neat and clean as possible, however, no guarantees can be made in regards to your pet's cleanliness upon dismissal. Grooming services are available at an extra cost upon request.

person can be reached, Trea	the owner reques t my pet regardl	ts that the follo	reach the owner or appointed emergency contact. If helther owing conditions be adhered to: (please initial where appropriate) t of any necessary treatment, medication, or surgical procedures.
Do n	ot exceed \$	for any rea	isonable and customary treatments, medications, or procedures.
be performed if internal	parasites are sus t will be administe	pected at the d	I ticks) upon arrival at the facility. A test for internal parasites will discretion of kennel personnel. If parasites of any kind are present tification to the owner. The owner will be responsible for costs
legal property of Broad	way Veterinary Cl	inic. The kennel	discharge date will be considered abandoned and becomes the I reserves the right to dispose of the pet pursuant with Kentucky via certified mail at the given address before any action is taken to
The owner represents t	hat he/she is the l	legal owner of s	said pet and that title to pet is not mortgaged in any way.
Owner acknowledges a	nd agrees to the a	above:	
Signature		 Date	