

Date: \_\_\_\_\_ Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Available Phone Numbers: \_\_\_\_\_  
Pets Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_

**Please Initial Each Statement to Confirm Understanding:**

☐ Facility Hours are MONDAY-FRIDAY 8am-1pm & 2pm-5pm, SATURDAY 8am-12pm, SUNDAY 9am-10am & 4pm-5pm

☐ My pet is boarding from \_\_\_\_\_ to \_\_\_\_\_ I understand my daily charges will be \$ \_\_\_\_\_

☐ I understand College Park Road Veterinary Clinic will make several attempts to contact me in the event of an emergency regarding my pet. If I am unable to be reached & emergency treatment/surgery is deemed necessary by a veterinarian, such treatment or surgery will be initiated, & I will incur all financial responsibility. I understand all charges shall be paid upon release from the facility. If I do not pick up my pet within 24 hours of the time specified for pick up, and if the boarding kennel is not notified of an alternate date within 10 days, my pet will be considered abandoned & will become the property of College Park Road Veterinary Clinic. I still owe all costs in this situation. I understand that if live fleas are found on my pet College Park Road Veterinary Clinic has authorization to administer a flea preventative and I understand that I assume all costs involved.

☐ I understand pictures may be taken of my pet during their stay and these pictures may be used for advertising.

☐ I understand that only bagged meals are accepted. If you do not bag the food, you will be asked to do so at drop off (NO LARGE BAGS/CONTAINERS). Additionally, medication/supplements MUST be in the original container(s). NO HARD TREATS are accepted (raw hides, ears, antlers, etc.). A leash and collar/harness must be used. NO PERSONAL BEDS OR BLANKETS

☐ I understand there will be a **\$4.00 per day charge** for pets being fed house kibble.

☐ I understand that after 3 "No Call/No Shows", payment will be due in full at the time any future reservations are made.

☐ I understand check-out for boarding is by 1pm & if my pet is not picked up by 1pm I will be charged for a full day of boarding.

**Only Select ONE of the following:**

☐ I DO NOT WANT MY PET TO HAVE A BATH OR A NAIL TRIM WHILE BOARDING

☐ I WOULD LIKE MY PET TO HAVE A BATH OR NAIL TRIM WHILE BOARDING.

*I understand that every attempt will be made to keep my pet clean after their bath, however things may occur that result in my pet not being as freshly clean at pick up. Some examples, but not limited to are; rain, rolling in dirt, and playing with other dogs.*

**Only Select ONE of the following:**

☐ I DO NOT WANT MY PET PLAYING WITH ANY OTHER BOARDERS AND WOULD ONLY LIKE INDIVIDUAL PLAYTIME.

☐ I WOULD LIKE MY PET TO PARTICIPATE IN PLAYTIME WITH OTHER PETS.

*During this play time, your pet will be playing with other dogs. While we take all precautions to match dogs' play level and size with similar dogs, we do realize that dogs can be unpredictable, and accidents (bumps, bruises, scratches, and bites) happen.*

**Acknowledgment**

*I understand and agree that in admitting my pet(s) to College Park Road Boarding Kennel, the owner(s) of College Park Road Boarding Kennel have relied on my representation that my pet(s) are in good health and have not harmed or shown aggression or threatening behavior toward any person or any other pet. In agreement of being permitted to use the services and facilities of College Park Road Boarding Kennel, I, the undersigned owner(s), hereby release, waive, and discharge College Park Road Boarding Kennel owner(s), staff, volunteers from all liability for any and all loss or damage, and any claim or damages resulting therefrom, on account of injury, loss, damage, infestation, or disease to my pet(s) even injury resulting in death while my pet(s) are under the care of College Park Road Boarding Kennel. I agree to indemnify College Park Road Boarding Kennel, its owner, staff, and volunteers for any loss, liability, damage, or cost they may incur due to my presence or the presence of my pet(s) in or upon College Park Road Boarding Kennel premises and while my pet(s) are under the care of College Park Road Boarding Kennel. I hereby assume full responsibility for any harm caused by my pet(s) while in or on the premises and while my pet(s) are under the care of College Park Road Boarding Kennel. I further agree to indemnify College Park Road Boarding Kennel, its owner, staff, and volunteers for any loss, liability, damage, or costs they may incur due to any harm caused by my pet(s). I expressly agree that this release waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of South Carolina. I agree that should a court determine that any provision waiving liability is deemed unenforceable, College Park Road Boarding Kennel's liability shall be limited to the funds paid to it by me for taking care of my pet(s). I further understand and agree that any injury or illness that develops with my pet(s) will be treated as deemed best: by College Park Road Boarding Kennel, and that I assume full financial responsibility for any and all expenses involved, even if such expenses were later found to be unnecessary. Furthermore, should my pet(s) pass away during my absence, I direct that a veterinarian be called to safely keep my pet(s) until our return.*

After Carefully Reading, Sign Below

Print Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

**There must be an emergency contact available to make decisions about your pet's health if you are not able to be reached.** Please leave the name and number of a friend or relative who can make financial decisions on your behalf. This person cannot be someone of either the kennel or clinic staff.

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

Number: \_\_\_\_\_

OR

**I WISH TO NOT HAVE AN EMERGENCY CONTACT LISTED ABOVE OTHER THAN MYSELF**

By signing and dating below, I understand that College Park Road Veterinary Clinic will make several attempts to call me. If you are unable to be reached and emergency treatment or surgery for your pet is deemed necessary by a veterinarian, such treatment or surgery will be initiated, and you will incur all financial responsibility.

Owner or Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

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## CLIENT INSTRUCTIONS

Pets Name:

Belongings:

\_\_\_\_\_

Medication Directions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Feeding Directions – how much and how often is your pet fed:

\_\_\_\_\_

\_\_\_\_\_

**If my pet does not eat a meal I provide, I would like College Park Boarding Kennel to:**

☐ offer Purina Proplan Veterinary Diet GI Formula can and/or dry food to my pet for an additional charge, PER FEEDING!

☐ throw the meal away

☐ reoffer the meal at the next scheduled feeding

☐ leave food down all day