

Boarding Agreement



Thank you for trusting us to care for your pet while you are away! Please fill this form out completely and bring it in with your pet

Owner Information

Owner Name: _____ Phone Numbers (list in order of priority)
Email: _____ (_____) - _____ - _____ Text Capable: Yes / No
Emergency Contact: _____ (_____) - _____ - _____ Text Capable: Yes / No
(_____) - _____ - _____ Text Capable: Yes / No (_____) - _____ - _____ Text Capable: Yes / No

All Pets must be up to date on vaccinations and free of external parasites. If needed these will be taken care of here at owner's expense. Please bring proof of vaccination if done elsewhere or have it faxed to 402-464-1382 before your reservation date.
(Vaccines required - Dogs: Rabies, Canine Distemper/Parvo, Bordetella | Cats: Rabies, Feline Upper Respiratory)

Pet Information – Please Print One Per Pet

Pet's Name: _____

I will be bringing my pet's food in a [bag / container / can(s)]

Use clinic diet (Hill's Sensitive Stomach – no additional charge)

Feeding Instructions: _____

My pet is on medication – Use reverse side if you need more room

Medication Name: _____

Medication Dose: _____

How often? _____

I am bringing additional items with my pet (please describe)

Blanket/Bed: _____

Toys: _____

Other: _____

Date Arriving: _____

Date Picking Up: _____ AM / PM

Additional Services (Check Box if Approved)

Bathing Package (\$25): Your pet will get a bath the day you are scheduled to pick them up, as well as a nail trim and ear cleaning. **Please plan on picking your pet up after 10AM to give them time to dry after their bath.** If you would like an earlier pick-up time, let us know and your pet will be bathed the night prior.

Boarding KONG Treat (\$5/Stay): Your pet gets a chilled Kong chew toy, with fresh treats and tasty peanut butter applied every day. **Please let us know if your pet has food sensitivities and we will give alternate treats.**

In the event that your pet becomes ill or needs medical attention while staying with us, we would like to know your preference for care.

Please select ONE of the following options and initial beside it:

_____: Provide medical care as deemed necessary for the best care for my pet – you need not call. This includes all diagnostics and medical treatments.

_____: Provide medical care, diagnostics, and treatment as deemed necessary for my pet, but please notify me by (phone / email).

_____: Keep my pet stable and comfortable until you can reach me and I can make decisions regarding treatment. I understand that emergency and supportive care will be given but no additional procedures will be done until I (or my emergency contact) am contacted and give permission.

_____: Do not perform any treatment or diagnostics until I (or my emergency contact) am notified and consent is given. I am aware that any delay in treatment may result in the death of my pet(s).

Boarding Authorization

I understand that Capitol Animal Clinic is not responsible for loss or damage to personal items left with my pet(s).

I agree to pay all charges on the day of pick-up of my pet(s) and I understand that my pet(s) may not leave the premises until all charges are paid in full. I will notify you if my pick-up date changes and I understand that any animal left for ten (10) days beyond the agreed date of pick-up with no contact from the owner is considered abandoned. Without contact, Capitol Animal Clinic will assume custody of the animal and handle said animal at its discretion.

I have read this consent form and agree to these terms.

Signature: _____ Date: _____