



Dog Boarding Contract

**OWNER NAME
(FIRST, LAST)**

DATE OF DROP OFF	AM (7am-11am) <input type="checkbox"/>	PM (12pm-6pm) <input type="checkbox"/>
DATE OF PICK UP	AM (7am-11am) <input type="checkbox"/>	PM (12pm-6pm) <input type="checkbox"/>

Pet Information

Pet Name		Breed	
Weight (approx..)		DOB (approx..)	

FEEDING INSTRUCTIONS

Feeding Instructions	
Refrigerated or Raw food?	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Are treats allowed to be given to your pet?	<input type="checkbox"/> YES or <input type="checkbox"/> NO

MEDICATION INSTRUCTIONS

Medication	
Dose Instructions	
Medication	
Dose Instructions	
Supplements	
Supplement Instructions	



SERVICES

<input type="checkbox"/>	Boarding - \$50/Per Night Each Additional Pet - \$45/Per Pup/Per Night
<input type="checkbox"/>	Solo Pup - \$50/Per Night
<input type="checkbox"/>	Extended Stay Package (30 Days+) - \$35/Per Night

Additional Services

The following activities are priced on a per session basis. Please, indicate the desired number of days next to each option. Otherwise, the checked activity will be given each day, weather permitting.

Enrichment Activities

Pack Walk - \$10		Training Session - \$25	
Personal Playtime - \$10		Extra Meal - \$3	
Sniff n' Seek - \$10		<u>Basic Maintenance</u>	
Lick Matt - \$3		Nail Trim – Clip/Grind - \$15	
Kong - \$3		Brush Out - \$10	
Puzzle - \$3		Ear Cleaning - \$5	



NOTES OR SPECIAL INSTRUCTIONS	
PLEASE SELECT ONE OF THE FOLLOWING	
<input type="checkbox"/>	I wish to receive photos and updates on my pet daily.
<input type="checkbox"/>	I wish to receive photos and updates on my pet sporadically.
<input type="checkbox"/>	I do not wish to receive updates unless there is an emergency.

Boarding Statement Agreement & Payment Information

I agree to pay the above quoted fees to Howling Woods K9 at the time that I pick up my pet(s). I will not hold Howling Woods K9, its employees or volunteers, responsible for damages or injuries incurred under normal responsible care for my pet. I understand that I will be contacted promptly, if emergency medical attention is required. I further understand that if medical attention is needed, it will be sought, and I will be held responsible for the cost incurred.

NAME

DATE