

Dog Boarding Contract

OWNER NAME (FIRST, LAST)

DATE OF DROP OFF		AM (7am-11am)□		PM (12pm-6pm) □			
DATE OF PICK UP		AM (7am-11am) □		PM (12pm-6pm) □			
Pet Information							
Pet Name			Breed				
Weight (approx)		DOB (approx)					
FEEDING INSTRUCTIONS							
Feeding Instructions							
Refrigerated or Raw food?		☐ YES or ☐ NO					
Are treats allowed to be given to your pet?		☐ YES or ☐ NO					
MEDICATION INSTRUCTIONS							
Medication							
Dose Instructions							
Medication							
Dose Instructions							
Supplements	3						
Supplement Instructions							



SERVICES				
	Boarding - \$50/Per Night Each Additional Pet -\$45/Per Pup/Per Night			
	Solo Pup - \$55/Per Night			
	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	Basic Maintenance
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				
	I wish to receive photos and updates on my pet daily.					
	I wish to receive photos and updates on my pet sporadically.					
	I do not wish to receive updates unless there is an emergency.					
	Boardin	g Statement Agreement & Payment Information				
not hold under no medical a	Howling Wood rmal responsib attention is req	e above quoted fees to Howling Woods K9 at the time that I pick up my pet(s). I will s K9, its employees or volunteers, responsible for damages or injuries incurred ble care for my pet. I understand that I will be contacted promptly, if emergency juired. I further understand that if medical attention is needed, it will be sought, nsible for the cost incurred.				
NAME						
DATE						