

AARDVARKS ADVENTURELAND BOARDING CONTRACT



REQUIREMENTS BEFORE BOARDING:

- HAVE CREDIT CARD ON FILE
- BOARDING CONTRACT COMPLETED
- EMERGENCY CONTACT (NOT YOU) PROVIDED
- MEDICATION INSTRUCTIONS COMPLETED AND DETAILED OR MARKED N/A

DROP OFF DATE - PICK UP DATE:

OWNER NAME:

PET NAME:

CITY, COUNTRY, AND STATE VISITING:

PET BREED(S):

BEST COMMUNICATION METHOD:

PETS CURRENT WEIGHT:

EMERGENCY CONTACT INFO (NOT YOU):

PETS AGE:

Name:

DOES YOUR PET HAVE ANY
ALLERGIES:

Phone:

Relationship:

- EMERGENCY CONTACT MUST BE LOCAL
- EMERGENCY CONTACT IS AUTHORIZED TO MAKE
MEDICAL DECISIONS AND PICK UP MY DOG IF I
AM UNAVAILABLE

Items brought

Item:

Item(s) Description:

Feeding Instructions



Breakfast :

Lunch:

Dinner:

IF YOUR PET RUNS OUT OF FOOD WHICH HOUSE FOOD SHOULD WE FEED:

ANY ___ BEEF ___ CHICKEN ___ LAMB ___

Medication

Medication(s) Name
and Dosage :

Reason(s) for taking :

Times of the day
given:

AM ___ NOON ___ PM ___

ARE MEDS REQUIRED TO BE TAKEN ON A SET SCHEDULE? IF SO PLEASE ELABORATE:

WHAT ADMINISTRATION METHOD WOULD YOU LIKE TO USE:

CHEESE ___ PILL POCKET ___ BRING OWN ___
OTHER _____

MEDICATION MUST BE IN LABELED CLEARLY, DOGS THAT CANNOT SAFELY TAKE MEDIATION MAY BE DEEMED INELIGIBLE FOR BOARDING

Payment and Billing Information



- I UNDERSTAND A VALID CREDIT CARD IS REQUIRED AND MUST BE KEPT ON FILE
- I UNDERSTAND PAYMENT IS DUE IN FULL AT PICK-UP
- I UNDERSTAND UNPAID BALANCES ARE SUBJECT TO A \$25 PER DAY LATE FEE
- I AUTHORIZE CHARGES TO THE CREDIT CARD ON FILE FOR BOARDING FEES, APPROVED ADD-ONS, OR VETERINARY CARE

OPTIONAL ADD-ON SERVICES (FEES ADDED AT PICK-UP)

- GROOMING SERVICES (BATHING, HAIRCUTS, NAIL TRIMS, ETC) PRICES VARY ON WEIGHT AND COAT TEXTURE
- ENRICHMENT ACTIVITIES (WALKS, AGILITY, TRAINING TUNE UP, ETC)

Medical Authorization and Liability

- I HAVE READ AND AGREE TO THE MEDICAL AUTHORIZATION & LIABILITY ADDENDUM
- I UNDERSTAND THAT BOARDING CARRIES INHERENT RISKS, INCLUDING EXPOSURE TO COMMON ILLNESSES
- I ACCEPT FINANCIAL RESPONSIBILITY FOR ALL VETERINARY EXPENSES INCURRED DURING MY DOG'S STAY

BY SIGNING BELOW, I CONFIRM THAT ALL INFORMATION PROVIDED IS ACCURATE AND COMPLETE AND THAT I AGREE TO ALL AARDVARKS BOARDING POLICIES.

OWNER NAME (PRINT): _____

OWNER SIGNATURE: _____

DATE: _____

THIS AGREEMENT IS DESIGNED FOR CLARITY AND CONSISTENCY. PLEASE ASK STAFF IF YOU HAVE ANY QUESTIONS BEFORE SIGNING.