



FAMILY PET CARE CENTER BOARDING AGREEMENT AND RELEASE

OWNER: _____ OWNER PHONE #: _____

PET's Name(s) _____ BREED(s) _____ WEIGHT(s) _____

Date In: _____ Date Out: _____

PLEASE INITIAL THE FOLLOWING

UNNEUTERED MALES ARE AN ADDITIONAL \$2 FEE PER NIGHT. _____

UNSPAYED FEMALES IN HEAT ARE SUBJECT TO A \$5 CLEANING FEE PER NIGHT. _____

PICK UP AFTER 1:00PM IS AN ADDITIONAL ½ NIGHT FEE. _____

THE FPCC IS NOT RESPONSIBLE FOR ANY LOST OR DAMAGED POSSESSIONS LEFT BY OWNER. _____

IF DOG IS NOT EATING OR HAS DIARRHEA, THE FPCC MAY ADD PUMPKIN OR RICE TO MEALS AT \$1 PER MEAL. _____

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| <p><u>Additional Boarding Treats:</u></p> <p>Help your pet cool down after playtime or relieve boredom while indoors!</p> <p>_____ Kong Treat with Peanut Butter \$1.50</p> <p>_____ Pumpkin pops \$2</p> <p>How Frequent? _____</p> | <p><u>Additional Boarding Exercise:</u></p> <p>(All Boarding guests receive two 30-60 minute playtimes, included in price.)</p> <p>_____ Outside Playtime: \$5 for 20 minutes</p> <p>_____ K9 Couch Time: \$5 for 20 minutes</p> <p>_____ Quick Walk: \$5 for 5 minutes</p> <p>_____ Extended Walk: \$10 for 20 minutes</p> <p>How Frequent? _____</p> <p>Walks are done outside of FPCC gates. I understand that if my dog gets loose or runs from staff, the FPCC is not responsible. _____ (Please sign)</p> |
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Food: Kennel Own

Frequency of Feeding: Once (AM/PM) Twice per Day Free Feed

SEPARATE TO FEED: YES/NO **WHEN MULTIPLE DOGS IN THE SAME FAMILY**

Amount to feed (**Cups/Owners Scoop**) _____ Has pet been fed today? **YES/NO** (Morning/Evening)

Add pumpkin or rice to meal (**\$1 per meal**) _____ *pumpkin entices dogs to eat and soothes an upset stomach

Can Pets Have Treats (**Milk Bones, Pepperonis**)? _____ Can Pets Have Beds? _____

MEDICATIONS (**\$1.50 per Administration**) (Type, Dose, Times needed):

Has pet had Medication today? **YES/NO** (Morning/Evening)

Is your dog spayed or neutered: YES/NO

Is pet allowed to socialize with others and owners understand the risks involved in playtime? **YES/NO**
(Dog's that are not spayed or neutered will not be allowed in group play)

Other information: (i.e. **Allergies, Medical Conditions, Temperament, Digging, Fence Climbing, Gate opening**)



FAMILY PET CARE CENTER BOARDING AGREEMENT AND RELEASE

I, the undersigned, hereby warrant that I am the owner, or authorized agent, for the above pet and hereby request, consent, and authorize the Family Pet Care Center to board, care and treat said pet. I assume financial responsibility for all charges incurred by or related to my pet and further consent to release medical information, and authorize direct payment to the Family Pet Care Center, Range Road, Fort Meade, MD 20755

If my pet becomes ill or if the state of my pet's health otherwise requires professional attention, The Family Pet Care Center, in its sole discretion, may engage the service of a veterinarian; administer, or give other required attention to my pet and the expenses thereof be paid by myself. In the event that a pet experiences a medical emergency while boarding, the animal will be transported to the local civilian veterinarian or Anne Arundel Emergency Clinic in Annapolis.

I further acknowledge that no guarantees have been made except reasonable precautions against injury, escape, or illness. If the above pet is not discharged within seven (7) days of the scheduled pick-up date and the owner has not made any contact, the Family Pet Care Center shall assume the pet has been abandoned and the pet will become the property of the Family Pet Care Center. ***My pet was vaccinated within the last seven (7) days for _____ and I therefore, understand my pet may not be fully protected.***

All pets admitted must be current on all vaccinations and free of external and internal parasites. Any pet found to have fleas or ticks will be treated at owner's expense. Any unspayed female

that shows signs of being in heat will not be permitted. All fees must be paid at the time of discharge.

SIGNED: _____

DATE: _____

EMERGENCY CONTACT: _____

EMERGENCY NUMBER: _____

EMAIL: _____