



**BOARDING AT ACADIA ANIMAL MEDICAL CENTER**

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Boarding From \_\_\_\_\_ to \_\_\_\_\_

( ) Dog ( ) Cat      A Patient of Ours? Y/N \_\_\_\_

**\*\*Vaccines must be current before boarding or will be done at time of arrival \*\***

If you answered no, do you have proof of vaccinations from a veterinarian? Y/N \_\_\_\_\_

- It is our policy that all pets must be up to date on vaccinations including CANINE INFLUENZA before they are boarded in our kennels. Proof of vaccinations is **REQUIRED** before the pet is boarded here.

Is your pet(s) currently on Flea Medication? Y/N \_\_\_\_\_

If your pet is **NOT** currently on flea medication, we strongly recommend that your pet be medicated for fleas **BEFORE** boarding in our kennels for an additional \$20 per pet. Do you consent to this? Y/N \_\_\_\_\_

If you answered **NO**, please understand that we are **NOT RESPONSIBLE** for your pet having fleas.

When boarding your dog, the following bathing options are available

**\*\* Bathing Prices\*\***

DOG WEIGHT	BATHING PRICE	Please Check Box that Applies
0-40	\$15.00	
41-80	\$20.00	
81 +	\$25.00	

Any health issues, special foods, or special instructions that we need to be aware of?

\_\_\_\_\_

IF a pet becomes ill during their stay at AAMC, we will administer veterinary care, which may include antibiotics to the animal, at the owner's expense.

I have read and completed this form and understand the boarding policies of Acadia Animal Medical Center, LLC and agree to those policies.

**OWNER'S SIGNATURE:** \_\_\_\_\_