



HIGHLAND ANIMAL HOSPITAL
31 WELLESLEY AVE
NEEDHAM, MA 02494
781-433-0467

BOARDING AGREEMENT

Check In Date:
Check Out Date:
Before 1:00 pm After 1:00 pm
Guests must be picked up by 1pm to avoid an additional charge.

Owner's Name: _____

Address: _____

City/State: _____

Zip: _____

Pet's Name: _____

Gender: _____

Birth Date: _____

Species: _____

Breed: _____

Color: _____

Emergency Contact: _____ Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____ Email: _____

SPECIAL INSTRUCTIONS (TO BE COMPLETED BY OWNER)

1. WILL YOUR PET NEED MEDICATIONS WHILE BOARDING?* YES NO

Medications:

MEDICATION	STRENGTH	ADMINISTRATION INSTRUCTIONS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

*If medications are required and are not provided by the owner, or are provided in an insufficient amount, a prescription refill fee will be added to the boarding bill.

2. DIET (If other than Science Diet) _____

3. WILL YOUR PET NEED A PHYSICAL EXAM/SURGICAL OR DENTAL PROCEDURE WHILE BOARDING? YES NO

4. SERVICES REQUESTED WHILE BOARDING:(for an additional cost)

Brush Teeth Daily

(you must provide us with your pet's toothbrush
and toothpaste)

Trim Nails

Empty Anal Glands

Extra Play-Periods Per Day

Clean-Up Bath Prior to Check-out

(Sorry, short haired dogs only, at the discretion of
the kennel attendants)

5. WOULD YOU LIKE YOUR DOG TO HAVE INTERACTIVE PLAYTIME WITH OUR OTHER
GUESTS? YES NO Initials _____

Personally permitting, socialization can be a high point in your pet's stay with us. It can provide both mental and physical stimulation. Please bear in mind that even with the most attentive supervision, incidents can occur which may result in the need for medical attention. By requesting playtime for my pet, I accept full financial responsibility for any medical treatment.

TO BE COMPLETED BY KENNEL STAFF:

Admitted By: ___ Date: ___ Vaccines Verified By: ___

If your pet is to be picked up by someone other than the owner, arrangements regarding the bill must be made in advance with the kennel staff.

Name of person authorized to pick pet up: ___

In the event we are unable to contact you if your pet becomes ill or experiences prolonged distress while boarding, it is important that we have your authorization to treat your pet. Please read the following and initial:

Treat my pet as needed. Do any and all diagnostic tests, treatments, surgeries and transfers to a 24 hours emergency facility necessary for the well being of my pet. I accept full financial responsibility for all charges related to the treatment of my pet(s).

Signature

Date

We will make every effort to contact you regarding your pet's condition and treatment therefore it is imperative that emergency contact numbers be up to date. Thank you.

***Thank you for entrusting the care of your pet to the
"Inn at Highland"***