

# DOG BOARDING AGREEMENT



Client Name: \_\_\_\_\_

# of Nights \_\_\_\_\_

Pet Name(s): \_\_\_\_\_

Date of drop-off: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Date of pick-up: \_\_\_\_\_

## DOGGY DORM OPTIONS

Includes two turns outs a day, care by the kennel staff, Hill's Sensitive Skin and Stomach food and a free bath for guests staying 5 nights or more

\_\_\_ **Standard Dorm** (13 sq ft) \$22.85 per night

\_\_\_ **XL Dorm** (28 sq ft) \$26.85 per night

\_\_\_ **Standard Dorm** Additional Dog \$16.85 per Night

\_\_\_ **XL Dorm** Additional Dog \$20.85 per night

## DOGGY DORM ADD-ONS

\_\_\_ Raised Bed \$3.00 a night

\_\_\_ Nail Trim \$28.00

\_\_\_ Medication Admin \$4.50 a day

\_\_\_ Anal Gland Expression \$21.90

\_\_\_ Bath: 1-25lbs \$30.00

\_\_\_ Injectable Admin \$6.00 a day

\_\_\_ Quality Playtime \$6.00 a session

26-50lbs \$40.00

\_\_\_ Cookies: Novelty \$3.00 or

\_\_\_ Total playtimes a day

51-100lbs \$70.00

Big Bone \$8.00

\_\_\_ I acknowledge that Sunday pick up is \$12.00 and is only available at 5:30PM, and charges must be paid in full at time of drop-off.

## VACCINATIONS

\*All boarded pets are legally required to have proof of being current on Rabies, Bordetella, and Distemper vaccines through their boarding dates. In the event that a pet is not current, we do offer these vaccinations via Front Range Veterinary Clinic for the following prices.

\_\_\_ Exam fee \$49.50

\_\_\_ Bordetella Vaccine \$19.50

\_\_\_ Bordetella w/o Exam \$29.50

\_\_\_ Rabies Vaccine \$19.50

\_\_\_ Distemper Vaccine \$19.50

\_\_\_ Distemper/Lepto \$27.50

\_\_\_ Fecal parasite check \$33.56

\_\_\_ I hereby authorize Front Range Veterinary Clinic to perform a physical examination and vaccinate my pet(s) with the above vaccinations. I understand that these vaccines are necessary for the well-being of my pet and the other animals in FRVC's facility. The physical examination is required before any vaccinations are given. These charges are in addition to the cost of the boarding stay.

## FEEDING INSTRUCTIONS: (Check One)

\_\_\_ Own food    \_\_\_ Kennel food

Quantity fed per meal: \_\_\_\_\_

How often fed per day: \_\_\_\_\_

**MEDICATION INFORMATION:** *(Check one)*  
☐ My pet is NOT on medications    ☐ My pet IS on medications  
*If non-prescription supplements and/or medication(s) are provided, the owner has given us permission to administer by signing below.*

MEDICATION	AMOUNT	FREQUENCY

**CONSENT FOR TREATMENT:** *(Check one)*  
☐ I GIVE permission for Front Range Veterinary Clinic to examine and treat my pet(s), should it be considered necessary by the veterinarian. Maximum acceptable dollar amount without being able to contact me first: \$\_\_\_\_  
☐ I DO NOT give permission to examine/treat my pets while boarding. I would like to be contacted first. I understand that, if necessary, Front Range Veterinary Clinic will perform only emergency or life saving measures until contact is made, and I accept responsibility for these services, if necessary.

Other Special Instructions:  
\_\_\_\_\_  
\_\_\_\_\_

Please List Belongings Brought With a Short Description. *(Example: Red Lead, Green Collar, Tan Bed.)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I agree and accept to the boarding terms. I understand that payment of half of the estimated boarding charges will be paid upon drop off with the remainder due in full at the time of departure.*

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

Phone number(s) where you can be reached: \_\_\_\_\_



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