



**Winder Corners Animal Clinic**  
 20 Monroe Hwy  
 Winder Ga 30680  
 Phone: 770.867.VETS (8387)  
 Fax: 770.307.3629  
<http://www.windercornersvet.com>

BOARDING CONTRACT

- This contract is an acknowledgement of our policies. Please read the following carefully to avoid any confusion with regard to the charges for your pets and any treatment they receive while boarding with us.
- Payment is required at the time of pick up. Please arrange for payment if someone other than the owner will be picking up the pet.
- There will be a charge for an exam if requested or if necessary while boarding. Please indicate below whether or not you would like us to proceed with examination and treatment in the event it is needed or to contact you before any exam or treatment is done.
- Baths/Grooming is usually performed the last day your pet is in the kennel. If you will be picking up early in the day, we can perform the bath/groom the day before. If your plans change and you will be picking up on a different day (either sooner or later), please call in advance so that we can accommodate the change.
- We do not normally bathe cats.
- Please be aware that we will not be responsible for any items lost or damaged. When bringing personal items with your pet please keep them to a minimum. Make sure all bedding will fit in a standard size washer. We provide food and water bowls for your pets, there is no need to supply your own. We can supply your pet with our bedding if you choose to leave yours at home.
- Any pet picked up after 1:30 will be charged an additional half day boarding fee. If you have chosen for your pet to receive a bath or groom there will be NO half day charge added.
- Your pet will be examined for fleas upon arrival. If fleas are noted, your pet will be treated at your expense.
- We require your pet to be current on all vaccinations and fecal exams. The attached sheet will provide information as to what your pet is due for, if anything.
- Despite all precautions, there are still unavoidable inherent risks for contagious disease and injury while your pet is boarding in our hospital. We do all we can to minimize these risks. However, should your pet require treatment as a result of such unavoidable risks while boarding, you will be financially responsible for that treatment.

• Boarding Rates

Dog 0-30 lbs standard rate--\$\_\_\_\_\_ with medications or treatments--\$\_\_\_\_\_

30-60 lbs standard rate--\$\_\_\_\_\_ with medications or treatments--\$\_\_\_\_\_

60-100 lbs standard rate--\$\_\_\_\_\_ with medications or treatments--\$\_\_\_\_\_

Over 100 lbs standard rate--\$\_\_\_\_\_ with medications or treatments--\$\_\_\_\_\_

Cat Any size standard rate--\$\_\_\_\_\_ with medications or treatments--\$\_\_\_\_\_

IF A MEDICAL PROBLEM IS NOTED WHILE BOARDING DO WE HAVE YOUR PERMISSION TO EXAMINE AND TREAT AS NECESSARY OR MUST WE CONTACT YOU FIRST?		
Owner/Agent signature	Date	<input type="checkbox"/> Treat as needed <input type="checkbox"/> Contact me first
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Owner/Agent signature	Date	<input type="checkbox"/> Treat as needed <input type="checkbox"/> Contact me first
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Owner's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**BOARDING CONTRACT**

**OWNER INFORMATION**

Name: \_\_\_\_\_ Pick-up Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Pick-up Time: \_\_\_\_\_

Who will be picking up your pet? \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_



**FOOD**

Ours: (Pedigree)  Dry  Canned

Own: \_\_\_\_\_  
 (Brand)

Feeding Amount:

AM: \_\_\_\_\_

PM: \_\_\_\_\_

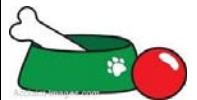
Have you fed your pet today?  Yes  No



**PERSONAL ITEMS**

Please List and Describe:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**BATHING/GROOMING**

Bath:  Yes  No

Groom:  Yes  No

If yes, Grooming Details:

\_\_\_\_\_  
 \_\_\_\_\_

Nail Trim:  Yes  No



**VACCINATIONS AND LABWORK**

Your pet is due for:

**Dogs:**

Annual Exam  Rabies  DH(L)PP  Fecal  
 Check  Heartworm Check  Bordetella  
 (kennel cough)

**Cats:**

Annual Exam  Rabies  FVRCP  Fecal  
 Check  FeLV

**Do we have your permission to update the  
 above items indicated?**  Yes  No



**MEDICATIONS**

Will your pet require any medications or special treatments while boarding?  Yes  No

Medication \_\_\_\_\_ How much \_\_\_\_\_ How often \_\_\_\_\_ Time last given \_\_\_\_\_

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Medication \_\_\_\_\_ How much \_\_\_\_\_ How often \_\_\_\_\_ Time last given \_\_\_\_\_

Any special instructions? \_\_\_\_\_

\_\_\_\_\_



Would you like the doctor to examine your pet for a particular problem?  Yes  No

Please Explain: \_\_\_\_\_

\_\_\_\_\_

Owner/Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_