Julington Creek Animal Walk

Cage Record / Boarding Agreement

Kennel # _____

Time In _____

Kennel Staff _____

Date:_____ **Pet's Name**:_____

Client Name:_____ **Species**: Canine/Feline/Other_____

Emergency #:_____ **Breed:**_____

Does this pet dig under or climb fences? _____ **Sex**: Male / Female

Does this pet have any pre-existing medical conditions? ____Yes ____No

Please List:_____

Has this pet ever exhibited aggressive behavior toward people or other dogs? _____Yes ____ No

If yes, please explain: _____

What type of flea/tick preventative are you currently using? _____

When was it last applied? _____

Boarding From _____ **to** _____

Belongings:_____ **Providing pet's own food?** _____Yes _____No

Observations: (Note AM or PM)

(To be Completed by JCAW Staff)

Date	Eating	Drinking	Urine	Stool	Meds	Vomiting

Feeding Instructions

(To be Completed by Client)

	AM	Noon	PM
Amount Fed:	_____	_____	_____

I have read and received a copy of Julington Creek Animal Walk Boarding Policies and agree to abide by these policies. I understand that any pet not picked up within ten (10) days of date specified above will be surrendered to Animal Control for adoption unless previous financial arrangements are made. I understand that the cost of boarding is $_____ per day, beginning on the day of check-in. My pet will be bathed before going home at an additional charge. My pet's bath is scheduled for _____. I understand that late pick up only is available on Sundays from 4P.M. – 6P.M. for an additional one-day charge. I further understand there is a $3.00 per day charge to measure and bag pet's own food on site and there is a $2.00 per day charge for pets having medications administered while boarding. Payment in full is required at time of pick-up. This account is being held with a _____credit card, account number ending in _____ and expiring on_____. Charges to this credit card may occur if payment is not received when due.

_____ _____ _____

Owner or Responsible Agent **Date** **Witness**

(For Witnessing purposes, document must be signed in the presence of a JCAW Employee)

Webcam - Yes _____ **No** _____

(Please initial)