



Boarding Form

Owner's Name: _____

Pet's Name: _____

Pet's Name: _____

Arrival Date: _____ Pick Up Date: _____

Pet's Name: _____

Special Instructions:

I would like for my pet(s) to have the following:

___ Pedicure (1/2 Price - \$7.50)

___ Bath (1/2 Price - \$11 – 20, depending on weight)

Complimentary bath is provided for boarders staying over 7 nights.

___ Coat Brush Out – (\$15)

___ 15 Minute Additional Play Time (\$5.50 per day)

___ Love and Kisses (ALWAYS FREE)

PLEASE INITIAL

___ I hereby authorize Animal Medical Center of Forney to administer the following treatment during my absence:

___ I understand that if any vaccinations that are required for boarding are due, they will be administered during my pet(s) stay at my expense.

___ If I am unable to pick up my pet(s), I will call to authorize alternate pick up person.

___ I hereby authorize the Doctor(s) at AMCF to administer any care needed in the case of an emergency. I also authorize the Doctor(s) to administer sedation if needed in the care of my pet(s).

___ I understand that if I neglect to pick up my pet(s) within 10 days of the expected pick up date, it will be assumed that abandonment has occurred and my pet(s) will be placed at the shelter.

___ I understand that AMCF and its employees are not responsible for any lost or consumed items (including toys, leashes, collars, bedding, etc.) during my pets stay here at AMCF.

___ I understand that my pet(s) may be picked up during office hours only and that payment will be due at that time for all services rendered.

Signature

Date

Phone # where you may be reached

Emergency Contact Phone #

Animal Medical Center of Forney is CLOSED every Wednesday from 12-2pm for staff development training.