



General Information and Boarding Agreement

Last Name _____ First Name(s) _____
 Street Address _____ City _____ Zip _____
 Home Phone _____ Cell phone _____
 Cell Phone _____ Email _____

Pet name _____ Age _____ Breed _____ Color _____ Sex F/M Spayed/Neutered

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All pets will be examined by one of our staff members upon arrival. If your pet has external parasites (fleas, ticks or other intestinal parasites evident on the hair/fur) we will treat him/her, at current market cost, to protect your pet and other boarders.

Check out time is BEFORE 1:00 pm. Pets checking out after 1:00 pm will be charged for the day. If you fail to claim your pet on the designated departure date, and do not call to extend his/her stay, we will attempt to contact you. If we do not hear from you, we will regard your pet as abandoned and care for him/her as prescribed by the PA Law.

My pet(s) has the following pre existing medical conditions/behavioral issues (please list) _____ None

If your pet requires medical care, other than routine first aid, he/she will be seen at Doylestown Veterinary Hospital for immediate treatment. *If necessary*, your primary veterinarian will be contacted or your pet will be transported to the appropriate Veterinary Emergency Facility. You will be contacted as soon as possible during any emergency situation. You will be responsible for transportation fees during an emergency.

Veterinarian/Practice _____

Emergency Contact if you cannot reach me (authorized to make medical and financial decisions in your absence)

Name _____ Phone _____

Relationship _____ Alt. Phone _____

I agree to the terms and condition as listed above. I authorize Holiday House to transport my pet to the appropriate veterinary facility and authorize immediate medical treatment for my pet in an amount of (You **must** select an amount)
 \$300.00 \$500.00 \$1000.00 \$1500.00 \$2000.00 \$3000.00 UNLIMITED

All Veterinary charges will be paid with the credit card provided.

MasterCard, Visa, Discover# _____ VCode _____ exp ____/____
 MasterCard, Visa, Discover# _____ VCode _____ exp ____/____

Signature _____ Date _____
 Date _____