



SACHEM PET HOTEL AND DAY SPA

227 Union Ave.
Holbrook, NY 11741
631-467-2121

BOARDING AGREEMENT

Date _____

Arrival Time _____

Admit by _____

Client Name: _____

Pet Name: _____

Emergency Contact _____ Phone _____

Boarding _____ days @ \$ _____ per day. Total boarding = _____ + \$9.00 Capstar = _____

Would you like your pet bathed or groomed? YES NO (appointment must be made at check in)

We offer individual playtime for your pet during his/her stay at \$25.00 per hour.

Would you like playtime for your pet? YES NO If YES, how often? _____

An additional \$7.00 fee will be added per day if medications need to be given.

Does your pet require medications? YES NO IF yes, name of medication and when given: _____

Was medication given today? YES NO Next dose due: _____

Proof of vaccinations is required. Vaccines will be given at the owner's expense without written documentation.

Diet: DRY CANNED BOTH How much do you feed? _____

Did you bring your pet's food? YES NO

When do you normally feed? _____ Did you feed yet today? YES NO

Special Instructions _____

Discharge is between 8 AM and 12 N. If discharged after 12 N an additional day will be charged.

Date of discharge: _____ Time : _____

The hospital and staff will not be held liable for problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet will be treated as deemed necessary by the staff veterinarians and I assume full responsibility for the treatment expense involved.

The hospital and staff will not be held liable for personal items brought in with pets.

Signature of Owner or Responsible Party

*If the pet is to be picked up by someone other than the owner, who will that person be: _____