

Owner/Pet Information

(Print and fill out this form to submit at check-in time)

If your pet requires any medication (not including vaccines) during his/her boarding visit do not use this downloadable form. Pets requiring medication must use forms located at the office to conform with NC State Laws.

Please board my pet, _____, from _____ until _____.
pet's name

EMERGENCY #: _____ Stall # _____

Home #: _____. Known Allergies: _____

In the event of emergency or illness, Town & Country Animal Care Center will make every effort to contact you or your contact person. If no one can be reached, our veterinary staff will begin treatment deemed necessary, Please provide a dollar limit you authorize for treatment: \$_____. if you prefer your personal veterinarian to be contacted for treatment, provide practice name and phone number:

All transportation and financial arrangements are owner's responsibility. In the event your veterinarian cannot be reached, **Town & Country Veterinary Hospital** will treat your pet.

Additional Activities:

Please provide these activities for my pet(s):

Nature Walk	Play Time	TV/Sofa Time
Pool Time/Pond Time	Cot Rental	Doggy Daycare

Bathing/Grooming

(Boarding dogs being groomed will be ready by 12:00 discharge time)

** Pets found with fleas, ticks, or are messy during their visit will be bathed at owner's expense.*

Bath with Nail Trim _____ ; Nails ONLY _____; Anal Glands _____; Full Groom _____

Hair Style desired: _____

* Not all hairstyles are possible on some pets if their coat is matted or in poor condition. Please consult with your Groomer prior to leaving about your request and price quote!

All pets sharing a run must be tolerant of one another's toys, and require no supervision during feed time. Check out time is 12:00 p.m. Monday - Friday. all pets must arrive by 4:00 p.m. weekdays for drop offs. Board rate is a daily fee, starting the day of drop off. Sunday evening discharge is available. Sunday is charged as a full day board fee.

Owner's / Agent's Signature: _____ Date: _____

OFFICE HOURS:

Monday - Friday 7:30 a.m. - 5:00 p.m. (Check out time is 12:00 p.m.; drop-off by 4:00 p.m.)

Saturday 10:00 a.m. - 12:00 p.m.

Sunday Discharges only -- Seasonal Hours

PERSONAL BELONGINGS

List all items with pet. Owner's name must appear on each item. Return OR replacement of any items left is not guaranteed, nor offered.

1. _____ 3. _____

2. _____ 4. _____

While every precaution will be taken to prevent loss, damage, and destruction to your pet's belonging we cannot guarantee such and replacement will not be offered. Sign below to indicate your understanding of no replacement/no return policy.

Signature: _____ Date: _____