

MORGAN'S PAWS PET CARE CENTER
305 HILL STREET
YORK PA 17403
PHONE: 717-755-9544
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MORGANPAWS@YAHOO.COM

BOARDING RELEASE FORM

PLEASE PRINT:

YOUR NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL # _____

EMERGENCY CONTACT: _____

PET'S NAME: _____ BREED: _____

DATE OF BIRTH: _____ SEX: _____

SPAYED/NEUTERED: _____ COLOR: _____

WEIGHT: _____

VETERINARIAN INFO:

VET'S NAME: _____

ADDRESS: _____

PHONE: _____

DROP-OFF DATE : _____

PICK-UP DATE: _____

MEAL SCHEDULE: _____

PET HAS OWN FOOD: _____

ITEMS YOU WILL BE BRINGING FOR YOUR PET. (BLANKET, TOYS, ETC)

WE WILL NOT BE HELD RESPONSIBLE FOR PERSONAL ITEMS LOST OR MISPLACED WHILE BOARDING AT MORGAN'S PAWS PET CARE CENTER.

PROOF OF THESE VACCINATIONS MUST BE ATTACHED ALONG WITH DEPOSIT:

- | DOGS | CATS |
|--------------|--------------------|
| 1 DHLPP | 1. RABIES |
| 2 RABIES | 2. DISTEMPER |
| 3 BORDATELLA | 3. FELINE LEUKEMIA |

THERE IS A \$24 DEPOSIT TO HOLD A ROOM FOR YOUR DOGGIE AND A \$12 DEPOSIT FOR CATS. IF YOU DECIDE TO CANCEL YOU WILL NEED TO GIVE US A 48 HOUR NOTICE OR WE WILL KEEP YOUR DEPOSIT. THE DEPOSIT AMOUNT WILL GO TOWARDS YOUR FINAL BILL AT PICK-UP. MUST HAVE YOUR DEPOSIT AT TIME OF SCHEDULE.

WE ACCEPT CASH, CHECK, VISA, MASTERCARD OR DISCOVER FOR PAYMENT.

AFTER WE RECEIVE YOUR RELEASE FORM, THE VET RECORDS AND THE DEPOSIT, WE WILL SEND YOU INFORMATION ON TIMES OF PICKUP AND DROPOFF, OTHER SERVICES WE OFFER, & OTHER IMPORTANT INFORMATION.

Please read and sign:

I UNDERSTAND AND AGREE THAT ANY MEDICAL EMERGENCY THAT DEVELOPS WITH MY DOG(S) WILL BE TREATED AS DEEMED BEST BY MORGAN'S PAWS PET CARE CENTER STAFF, AT THEIR SOLE DISCRETION, AND THAT I WILL ASSUME FULL FINANCIAL RESPONSIBILITY FOR ANY AND ALL EXPENSES INVOLVED.

Signature

date