

MORGAN'S PAWS PET CARE CENTER
305 HILL STREET
YORK PA 17403
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WWW.MORGANSPAWS.COM
MORGANSPAWS@YAHOO.COM

BOARDING RELEASE FORM

PLEASE PRINT:

YOUR NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL # _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT: _____

PET'S NAME: _____ BREED: _____

DATE OF BIRTH: _____ SEX: _____

SPAYED/NEUTERED: _____ COLOR: _____

WEIGHT: _____

MEAL SCHEDULE & AMOUNT: _____

MED TYPE, SCHEDULE & AMOUNT: _____

VETERINARIAN INFO:

VET'S NAME: _____ PHONE: _____

DROP-OFF DATE & TIME : _____

PICK-UP DATE & TIME: _____

Is your dog aggressive towards other dogs? Yes No Not sure
Is your dog aggressive towards people? Yes No Not sure

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:

DOGS

1. DHLPP
2. RABIES
3. BORDATELLA

CATS

1. RABIES
2. DISTEMPER
3. FELINE LEUKEMIA

THERE IS A DEPOSIT **REQUIRED** FOR ½ OF THE STAY TO HOLD A ROOM FOR YOUR DOGGIE / KITTY. IF YOU DECIDE TO CANCEL YOU WILL NEED TO GIVE US A 48 HOUR NOTICE, 72 OVER HOLIDAYS, OR WE WILL KEEP YOUR DEPOSIT. THE DEPOSIT WILL GO TOWARDS YOUR FINAL BILL AT PICK-UP. MUST HAVE YOUR DEPOSIT AT TIME OF SCHEDULE. PLEASE BRING YOUR OWN FOOD & TREATS FOR YOUR DOG(S).

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

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