

PAWS INN & SUITES
5850 Goodman Road, Building B
Olive Branch, MS 38654

BOARDING AGREEMENT

Client Name _____ Date _____

Pet's Name _____

1. Emergency contact _____ Phone (____) _____

2. Emergency contact _____ Phone (____) _____

Medications (if yes, please fill out medication form) (**Extra charge applied**) Yes No

Name of person picking up, if other than owner: (They will be asked to provide photo I/D.)

Items brought by owner:

Food/Items _____

Special Instructions _____

Other Services: (**additional charges will apply**)

Bath _____ Date to be given _____

Baths may or may not be available during stay. Please check before leaving. Initial _____

Nail Trim ____ Anal Glands ____ Ear Cleaning ____ Bordetella ____ **Initial _____**

Pricing for the animals stay:

(CATS ONLY)

\$22 per night _____ **Initial _____**

***(DOGS ONLY) ***

For one animal staying by itself:

\$27 per night _____ \$31 per night _____ \$40 per night _____ **Initial _____**

For multiple animals staying together (pricing is listed per animal): # of animal's _____

\$23 per night _____ \$27 per night _____ \$36 per night _____ **Initial _____**

****Additional Playtime While Boarding extra \$10 daily Initial _____**
(Excluding weekends and Holidays) (DOGS ONLY)

(Excluding weekends and Holidays)

Text Messaging: Monday to Friday - Daily \$5.00 per day _____ Weekly \$25.00 _____

Please choose the days that you want to receive up to two texts per day. **Initial** _____

Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____

Facetime: Monday to Friday - For each facetime \$10.00 per 10 minutes **Initial** _____

Please choose the days that you want to receive the Facetime.

Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____

If you missed the schedule time, you may call back at 662-890-5790 to reset the time but it may not be available. Facetime allotments may be changed if needed but limited spots available so please keep this in mind when scheduling.

The number you will receive updates on is 901-603-2181.

Services to be done @ All Animal Hospital: Initial _____

Procedure _____

Annual Shots _____

\$20.00 to be taken up front: **Initial** _____

Reasonable precaution will be used against injury, escape, or death of this pet. The kennel 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 best by the staff manager and I assume full responsibility for the treatment expense involved.

Check if you have read and understand the above paragraph. Also read and understand the Boarding Policy. (Which can be found on the wall or on our website.)

Owner or Responsible Party

Date

We are not responsible for lost or misplaced items, including toys, treats, towels, blankets, etc.