

BOARDING AGREEMENT

Animal Care Center of Carters Creek
2690 Spring Meade Blvd. Columbia, TN 38401
931-489-9333

Dr. Hemmert ~ Dr. Corley

We highly recommend: Bringing your own food. We PROVIDE blankets, beds, and dishes.

We are NOT responsible for any toys, carriers, leashes, blankets or other items left at ACC.

No additional boarding charges if pet is picked up before 11 AM. Owners initials: _____

*****We REQUIRE Proof of Current Vaccinations at time of drop-off*****

(K9: 1 yr- DHLPP / RV / Bordetella; Feline: 1 yr- FVRCP / FELEUK / RV)

Pet(s): _____ Owners' Name: _____

Contact Number(s): _____

Boarding From: ____/____/____ Until: ____/____/____ EST. Pick Up time: ____AM/PM

Items brought for pet: Food _____ Treats _____ Meds _____

Feeding Instructions: _____

(If special food is required, we do ask you bring enough for his/her stay)

- Does pet have any medications: Yes No

(Please fill out med sheet with detailed instructions. Charge of \$3.00 per day) Owners initials: _____

Description of items: _____

- Does pet need bath while boarding? Yes No

(Baths are done the morning of pick up. If picked up before 8am we cannot guarantee they will have had their bath and/or dry. If pet is found to have fleas/ticks/intestinal parasites, pet will be treated at owner expense.)

Owners initials: _____

- We also offer daily doctor check ups for our boarding patients with medical needs that may need addition services for an addition charge of \$12.00 per day. Would you like your pet to have a Dr. Check on them daily? Yes No

Owners initials: _____

Attention:

If my pet was to become ill while I am away, I authorize Animal Care Center of Carters Creek to do what is necessary for the health, safety, or well being of my pet while under their care and at my expense. Payment will be due to the hospital based on their policy at the time of pick up. I understand that myself and/or my emergency contact will be contacted by all phone numbers listed in this contract to inform me/us what has happened. If my pet should injure itself in any escape attempt, refuse food, become ill or die while in their care, I will hold Animal Care Center of Carters Creek free of any responsibility and/or liability, except in the presence of gross negligence. If I neglect to return after my contracted agreement absence, after 10 days from the agreed pick up date without any written or verbal agreement with anyone at the clinic, Animal Care Center of Carters Creek may assume that the pet has been abandoned. You then authorize us to dispose of the pet as we see fit. Abandonment does not release me of my obligation for full payment of the bill. You also authorize ACC to use your pet's photo in professional social media & advertising.

Owners initials: _____

If it is found that your pet is not current/nor no proof of vaccinations is provided by the end of the day your pet is dropped off, your pet will be given the required vaccinations in order to board with us.

Owners initials: _____

Owner (or Responsible party): _____ Date: _____

For office use only:

Vaccines Needed: _____

CHECKED IN BY: _____