



## ANIMAL BOARDING AGREEMENT

*Each pet must have a separate form completed.*

*All cats and dogs entering the boarding program must be spayed or neutered.*

*A copy of the owner's driver's license is required to process boarding paperwork.*

CACHS Staff Member \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for boarding: \_\_\_\_\_ Date of pick up: \_\_\_\_\_

### **Owner Information**

Name \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Address Owner will be Staying: \_\_\_\_\_

Alternate Contact Name and Phone: \_\_\_\_\_

### **Pet Information**

Name \_\_\_\_\_ Age \_\_\_\_\_ Type of Pet (circle) DOG CAT

Breed \_\_\_\_\_ Color \_\_\_\_\_ Weight: \_\_\_\_\_

Veterinarian's Name \_\_\_\_\_ Clinic Name: \_\_\_\_\_

Office Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Is your pet spayed or neutered? YES NO Date of surgery: \_\_\_\_\_

Is your pet up to date on vaccines? YES NO *If yes, please provide veterinary records.*

Is your pet microchipped? YES NO Chip #: \_\_\_\_\_

Please list any medical issues we should be aware of: \_\_\_\_\_

Please list any behavior issues we should be aware of: \_\_\_\_\_

*For dogs only:*

Does your dog like other dogs?      YES              NO

Does your dog like kids?              YES              NO

Does your dog like cats?              YES              NO

Please initial to represent your understanding and agreement of the following statements:

\_\_\_\_\_ I understand that it is my responsibility to contact Cincinnati Animal CARE **weekly** during the duration of my pet's stay.

\_\_\_\_\_ If I need to extend my contract, it is my responsibility to contact Cincinnati Animal CARE five days before this contract expires.

\_\_\_\_\_ If Cincinnati Animal CARE is **unable to reach me after the contract expiration date, my animal will be considered abandoned** and become property of Cincinnati Animal CARE to evaluate and place as deemed appropriate.

\_\_\_\_\_ I agree to pay Cincinnati Animal CARE \$15/day for boarding. This fee is due at the time of pick up. If I cannot afford to pay \$15/day, I will be entered into a payment plan to pay the amount in smaller segments.

\_\_\_\_\_ I give Cincinnati Animal CARE veterinary staff permission to treat my pet as they deem necessary in the case of injury or illness. Cincinnati Animal CARE will attempt to contact me but depending on the severity of the injury or illness, may need to proceed with treatment if they are unable to reach me.

\_\_\_\_\_ I will be responsible for the cost of veterinary care administered to my pet. Payment will be due at pick up or added to my payment plan.

\_\_\_\_\_ I give permission for Cincinnati Animal CARE to spay/neuter, microchip and update vaccines if they choose. I will not be charged for this service.

\_\_\_\_\_ I understand that Cincinnati Animal CARE will not redeem my pet to anyone but me without my permission. I give permission for the following people to pick up my pet and understand they must have valid identification to do so:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

***Optional; please initial to express permission:***

\_\_\_\_\_ I give permission for Cincinnati Animal CARE to evaluate the behavior of my dog and allow him/her to participate in playgroups as staff feels appropriate and beneficial. I understand that interactions with other dogs comes with risk and I will not hold Cincinnati Animal CARE responsible for illness, injury or death.

\_\_\_\_\_ I give permission for Cincinnati Animal CARE to place my pet in a temporary foster home for the duration of their boarding stay. I understand the inherent risks but trust Cincinnati Animal CARE will take necessary precautions and won't hold them liable for injury, illness or death.

\_\_\_\_\_ I give permission for Cincinnati Animal CARE staff and volunteers to walk my dog for exercise while in boarding. I understand the inherent risks but trust Cincinnati Animal CARE will take necessary precautions and won't hold them liable for injury, illness or death.

By signing below, I understand that I am willingly leaving my animal in the care of Cincinnati Animal CARE for the amount of time designated on this form. I understand that living in an animal shelter for any length of time is difficult for most animals and that my pet may come into contact with other animals and diseases. I will not hold Cincinnati Animal CARE responsible in the case of my pet becoming sick, injured, or deceased. I understand that if I do not reclaim my animal by the end of contract date, the animal will become the legal property of Cincinnati Animal CARE.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Contact our Community Support Coordinator: [community.support@cincinnatianimalcare.org](mailto:community.support@cincinnatianimalcare.org)