

FREEMAN-FRITTS VETERINARY CLINIC

515 Spur 100 Kerrville, TX 78028

Boarding Intake Form and Contract

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Email: _____

Cell Phone: _____ May we text you? Y N

Emergency contact: _____ Phone Number: _____

Veterinarian: _____ Phone Number: _____

This is a contract between Freeman – Fritts Veterinary Clinic and the Owner whose signature appears below.

1. Freeman-Fritts agrees to provide care for the pet in a clean and safe environment.
2. Owner understands that all boarding pets are required to be free of fleas when checked into the Clinic and will assume the cost of flea treatment if the pet is found to have fleas.
3. Owner agrees to pay the rate for boarding in effect on the date the pet is checked into the Clinic. Owner also agrees to pay any additional charges for services provided.
4. If the pet becomes ill or otherwise requires professional attention, every attempt shall be made to notify the Owner. However, Freeman-Fritts shall have full discretion to engage the services of a veterinarian to provide care for the pet.
5. Owner agrees to assume full responsibility of any charges incurred resulting from treatment of the pet.
6. Owner will make Freeman-Fritts aware of any behavior or health problems of boarded pets at the time they are checked in.
7. Owner understands that Freeman-Fritts is not responsible for personal items left with pets.
8. Owner will notify the Clinic if the pickup date is changed.
9. Owner understands that it is against Texas Law to abandon a pet. Failure to pick up and pay for a pet on the agreed- upon date may result in both criminal and financial liability.
10. Any controversy or claim arising out of or relating to the Contract shall be settled by arbitration in accordance with the rules of the American Arbitration Association.
11. The Contract contains the entire agreement between the parties.

Owner/Agent _____ Date _____

Freeman-Fritts Rep _____ Date _____

Dog/Cat Information

Date _____

Pet Name: _____ Dog: _____ Cat: _____ Age _____

Breed: _____ Weight: _____ Male: _____ Female: _____

Neutered/Spayed Yes: _____ No: _____

Feeding (Circle one) Client Provided Food

Kennel Provided Food

Morning Quantity (in cups) _____

Afternoon Quantity (in cups) _____

Can your pet be given treats? _____

Medication _____ Dosage _____ Time given AM PM (circle)

Medication _____ Dosage _____ Time given AM PM (circle)

Medication _____ Dosage _____ Time given AM PM (circle)

Does your pet require a bath before pickup: Y N

Any other treatments: _____

Please check all items you will be leaving with your pet.

Leash

Pet bed

Blanket

Toys

Other _____

