Bedford Greenwich Animal Hospital Boarding Agreement	
Owner's Name	
Pet's Name	
Emergency Contact Pho	ne:
Drop-Off Date:	Pick-Up Date:
Would you like your pet	to have a bath on the day of departure?
If yes, would you like a h	naircut as well?
Please specify how you w	vould like your pet styled
Medications:	
added to your bill. Please	need to be filled or refilled during the time your pet is boarded will be bring appropriate medications and provide instructions. There will charge of 5.95daily
<u>Diet:</u>	
feed a special diet or anoth	diet of Hill's Sensitive Stomach Food. However, we will be pleased to her commercial diet of your choice if you bring it with you. There ion charge of \$3.95 daily. Please outline feeding instructions:
Illness Policy:	
readily available should the numbers listed above rega	boarding your pet at a veterinary hospital is that medical attention is ne need arise. If you pet becomes ill, we will call the emergency ording your pet's symptoms, treatments and estimated cost. If no one erform any necessary emergency treatment at the owner's expense.
ALL PETS MUST BE U	P TO DATE ON ALL NECESSARY VACCINATIONS IN OUR FACILITY.
• •	by pet on the above date specified, or I will notify the hospital of the read the above and agree to terms listed.
Owner's Signature:	Date: