

Label Goes Here

Discharge Date _____

Contact Phone Number _____

Medication	Dosage	Given Today?

Items Left With Stay!

Consent to Treat in Case of Emergency

I understand that CAH will make all reasonable effort to contact me in case of emergency. Should by pet(s) require medical attention while boarding, CAH will ensure the well being of my pet while attempting to contact me, including transfer to the emergency room. I assume full financial responsibility for all charges related to the treatment provided.

Client Signature _____

Date _____

<i>Boarding Options</i>	
<i>Check One:</i>	Price
<input type="checkbox"/> <i>Inclusive</i>	\$29.99
Purina EN Diet 3 Walks per Day Elevated Dog Bed Daily Yogurt Cookie Treat	
<input type="checkbox"/> <i>A la Carte</i>	\$24.99
Food from home [pre-portioned] 2 Walks per Day Elevated Dog Bed	
<input type="checkbox"/> <i>Feline Boarding</i>	\$19.99
<i>Extras!</i>	
<i>Select additional items:</i>	Price per
<i>Eat!</i>	\$3 Each
Chicken	<input type="checkbox"/>
Broth	<input type="checkbox"/>
Fruit/Veggies	<input type="checkbox"/>
<i>Treat!</i>	
Gourmet Dog Cookie	<input type="checkbox"/> \$3
Greenie	<input type="checkbox"/> \$3/\$5/\$7
Frozen Yogurt	<input type="checkbox"/> \$3
Frozen Peanut Butter Kong	<input type="checkbox"/> \$3/\$5
<i>Exercise!</i>	
2 add'l walks	<input type="checkbox"/> \$8
Outside Play (20min)	<input type="checkbox"/> \$12
Inside Play (20min)	<input type="checkbox"/> \$12
Group Play (Playcare)	<input type="checkbox"/> \$19.99
<i>Salon!</i>	
Bath (Nail Trim, Ear Cleaning)	<input type="checkbox"/> \$19.99
Professional Groom	<input type="checkbox"/> \$40+