

Cross Creek Animal Hospital

2147 Skibo Rd. • Fayetteville, NC 28314 • (910) 868-1164

This is a boarding agreement between Cross Creek Animal Hospital and the pet owner whose signature appears below (hereinafter called "Owner").

1. Owner agrees to pay the boarding rate in effect on the date the pet is checked into Cross Creek Animal Hospital. Boarding is charged for each **night** your pet stays with us.
2. Owner further agrees to pay all costs and charges for special services requested and all veterinary costs, if necessary, for the pet during the pet's stay at Cross Creek Animal Hospital.
3. **Animals will be examined for fleas and ticks, and if any fleas or ticks are found on the animal, a Capstar (oral) and a one month application of topical flea preventative and a flea bath will be administered to the animal at the owner's expense.**
4. Full payment is due when services are rendered. Full pre-payment or a deposit may be required for new clients or for holiday boarding.
5. Owner authorizes and agrees that any medical problem that may develop with their pet will be treated as deemed best by the doctors of Cross Creek Animal Hospital, and the owner will assume full responsibility for the treatment expense involved.
6. All vaccinations must be current or will be administered at the owner's expense. Owner must submit proof of current vaccinations **prior** to dropping off pet for boarding. Owner has been made aware of the Statement of Policies. **Bordetella is required every 6 months, and is highly recommended that it be given at least 48 hours prior to dropping your pet off for boarding, if it is due.**
7. Cross Creek Animal Hospital will attempt to contact pet's owner if medical treatment is required for their pet, but in the event that we are unable to reach the owner, medical treatment will be done in the best interest of the pet's health and well being.
8. **Any pet on medication will be charged a \$3.00 medication fee per day.**
9. Cross Creek Animal Hospital's hours for drop off and pick up are as follows:

Monday – Friday: 7am-8pm

Saturday – Sunday: 7am-10am & 1pm-5pm

Pet Information

<i>Owner Name:</i>	<i>Pet's Name(s):</i>	<i>Emergency Phone Numbers:</i> _____	<i>Drop Off Date:</i>	<i>Pick Up Date:</i> <input type="checkbox"/> AM <input type="checkbox"/> PM
<i>Belongings:</i>		<i>Medication name(s) and instructions:</i>	<i>Would you like for us to try your pet(s) in a play-group?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Note: Checking "yes" will not guarantee your pet a spot in the playgroup, it simply means that we will try them.</u>	
<i>May we post pictures of your pet(s) on social media?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>Food:</i> <input type="checkbox"/> Own <input type="checkbox"/> Boarding	<i>Please feed my pet(s):</i> _____cup(s), _____time(s) a day, <input type="checkbox"/> AM <input type="checkbox"/> MID <input type="checkbox"/> PM <i>Or, <input type="checkbox"/> My pet is free fed</i> <i>Special Instructions:</i> _____	<i>Would you like for us to try your pet(s) in a play-group?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Note: Checking "yes" will not guarantee your pet a spot in the playgroup, it simply means that we will try them.</u>
<i>Can your pet(s) climb or jump fences?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If you have multiple pets, do they need to be separated to eat?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Is your pet:</i> <i>Human Aggressive?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Dog Aggressive?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Would you like your pet(s) to receive a bath before going home?</i> <input type="checkbox"/> Weekend Package – includes bath, ear cleaning, towel and fluff dry. <input type="checkbox"/> VIP Package – includes bath, ear cleaning, towel and fluff dry, brush over, and nail trim. <input type="checkbox"/> Platinum Package – includes bath, ear cleaning, towel and fluff dry, brush over, nail dremel and teeth brushing. <input type="checkbox"/> Other _____				

Owner/Agent Signature: _____ Date: _____

- OUR STAFF IS NOT RESPONSIBLE FOR ITEMS LEFT WITH YOUR PET. ANY ITEM(S) LEFT FOR MORE THAN 30 DAYS AFTER YOUR PETS DEPARTURE WILL BE DONATED TO A LOCAL ANIMAL SHELTER