

**ALL BOARDING DOGS MUST BE BATHED THE DAY THEY WILL BE PICKED UP  
AND CAN NOT BE PICKED UP BEFORE 12:00PM.  
SPECIAL ARRANGEMENTS CAN BE MADE IF DOG IS AGGRESSIVE.**

## COMMONWEALTH ANIMAL HOSPITAL

1058 NORTH COLLEGE STREET

[859-734-2245](tel:859-734-2245) / [859-734-5030](tel:859-734-5030)

R. PAUL BOSSE, DVM

JEFFREY L. PHILLIPS, DVM

KATIE MCCLURE, DVM

### BOARDING AGREEMENT

DATE: \_\_\_\_\_

\_\_\_\_\_ will be boarded from today's date until \_\_\_\_\_.

I hereby consent and authorize you, R. Paul Bosse, DVM, to care for my pet(s) in your boarding facility. You are to use all reasonable precautions against injury, escape, or destruction of my pet(s). If at any time my pet(s) becomes ill, or is injured I authorize R. Paul Bosse or his employees to examine and treat the illness or injury. I also understand that I am responsible for any costs that may accrue in doing so. I also agree to inform the employees of Commonwealth Animal Hospital if my pet(s) has any ongoing medical condition or is currently taking any medications. If so I will provide the medication unless prior arrangements have been made with the caretaker. I also will inform the caretaker of any behavior that may lead to escape or injury, example, climbing fences, opening latches or gates, extreme nervousness, or aggression.

I also agree to return for my pet(s) on the date that was arranged before leaving him/her. If for any reason I will not be able to pick him/her up on the scheduled date I will call the office and make further arrangements.. I understand that if I do not contact the office a written notice will be mailed to my address. Seven days after such written notice the animals(s) will be considered abandoned and may be deposed of, or destroyed, as you deem best, and it is understood that your doing so does not relieve me from paying all the cost of keeping.

I have read the following and agree.

\_\_\_\_\_  
OWNER

\_\_\_\_\_  
EMERGENCY PHONE NUMBER

\_\_\_\_\_  
WITNESS