

HWK9 DOG BOARDING CONTRACT

0 4	Intended Date of Drop Off:	AM (7am-11am)□ or PM (12pm-6pm)□
	Intended Date of Pick Up :	AM (7am-11am)□ or PM (12pm-6pm)□
OWNER'S NAME (First)(La	st):	
Home Phone #:	Mobile Phone #:	
Email:		
Address:		_
City:	State:	
Zip:		
PET NAME:	Breed:	
Weight (Approx.):	DOB (Approx.):	
	FEEDING INT	STRUCTIONS
Owner Provided (Yes or No	o) Feedings per day:	
Preferred feeding method	:	
For RAW or REFRIDGERAT	ED food please indicate any spec	cial instructions:
	MEDICATION II	NSTRUCTIONS
Medication:	Dose	(s) per day:
Medication:	Dose	(s) per day:
Supplements:		

SERVICES

(Select all that apply)

□BOARDING - \$50.00 Per Night	ADDITIONAL SERVICES
□MULTI PET DISCOUNT - \$45.00 Per Additional Pet (This will be applied toward final bill at pick up)	The following activities are priced on a per session basis. Please, indicate the desired number of days on the line next to each option. Otherwise, the checked activity will be given each day, weather permitting.
□SOLO PUP - \$55.00 Per Night	Enrichment Activities
☐ Extended Stay Package - \$42 Per	□ Pack Walk - \$15 (20 Minutes)
Day/Per Dog (Only applies to dogs staying 30+ Days)	□ Personal Playtime - \$15 (20 minutes)
John Baysy	□TLC - \$15 (15 minutes)
	□ Lick Matt - \$5.00
	☐ Kong - \$5.00
	□Puzzle - \$5.00
	□Training Session - \$25
	□ Extra Meal - \$3.00
	Basic Maintenance
	Nail Trim – □ Clip (\$15) □ Grind (\$20)
	☐ Brush Out – (\$15)
	□Ear Cleaning – (\$8)

Boarding Statement Agreement & Payment Information

I agree to pay the above quoted fees for Boarding at the time that I pick up my dog. I will not hold Howling Woods K9, its employees or volunteers, responsible for damages or injuries incurred under normal responsible care for my dog. I understand that if medical attention is needed, it will be sought, and I will be held responsible for any costs incurred. I understand that I will be contacted promptly, if emergency medical attention is required.

X	X	
Owner Signature	Date	