

Town & Country Animal Care Center Owner/Pet Information

(Print and fill out this form to submit at check-in time)

If your pet requires any medication (not including vaccines) during his/her boarding visit **do not use this downloadable form**. Pets requiring medication must use forms located at the office to conform with NC State Laws.

Please board my pet, _____, from _____ until _____.
pet's name

EMERGENCY #: _____ Stall # _____

Home #: _____ Known Allergies: _____

In the event of emergency or illness, we will make every effort to contact you or your contact person. If no one can be reached, our veterinary staff will begin treatment deemed necessary. Please provide a dollar limit you authorize for treatment: \$_____.

For a vaccine to provide immunity to disease, it should be given at least 14 days prior to exposure. Vaccines given at time of drop off will not provide immediate protection.

Activities (available at an additional cost):

Please provide these activities for my pet(s): Nature Walk Play Time
TV/Sofa Time Pool Time Pond Time Extra Potty Break Doggy Daycare Group Play

PACKAGES:

Catered Care _____ Splash Package _____ Puppy Package _____

Bathing/Grooming

(Boarding dogs being groomed will be ready by 12:00 discharge time)

** Pets found with fleas, ticks, or are messy during their visit will be bathed at owner's expense.*

Bath with Nail Trim _____ ; Nails ONLY _____; Anal Glands _____; Full Groom _____

Hair Style desired: _____

* Not all hairstyles are possible on some pets if their coat is matted or in poor condition. Please consult with your Groomer prior to leaving about your request and price quote!

All pets sharing a run must be tolerant of one another's toys, and require no supervision during feed time. **Check out time is by 12:00pm Monday-Saturday. All pets must arrive by 5:00pm weekdays for boarding drop off.** Board rate is a daily fee, starting the day of drop off. Sunday evening discharge is available. Sunday is charged as a full day board fee.

Owner's / Agent's Signature: _____ Date: _____

OFFICE HOURS (Seasonal):

(Check out time is 12:00 pm; drop-off by 5:00 pm)

Monday – Friday 7:30 am - 12:00 pm
 3:00 pm – 6:00 pm
 (drop-off by 5:00 pm)

Saturday 9:00 am – 12:00 pm
 4:00 pm – 5:00 pm

Sunday *Seasonal Hours*

PERSONAL BELONGINGS

List all items with pet. Owner's name must appear on each item. Return OR replacement of any items left is not guaranteed.

1. _____ 3. _____
2. _____ 4. _____

While every precaution will be taken to prevent loss, damage, and destruction to your pet's belonging we cannot guarantee such and replacement will not be offered. Sign below to indicate your understanding of this policy.

Signature: _____ Date: _____