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| **Boarding Contract**  **Kim Meyer**  **(512) 695-1872**  [**austingpr@gmail.com**](mailto:austingpr@gmail.com) | D:\Miscellaneous\AGPR\Marketing\AGPR_OrigLogo_40%Transpar.jpg |

**Fees:** Unless other arrangements are made in advance, the following rates apply: $60 per week, or $10 a day, payable in advance. Rates are calculated per number of nights.

Thank you for boarding your pet(s) at Austin Guinea Pig Rescue. Please complete the form below to let us know how we can contact you, and to tell us about your pet’s needs and typical behavior.

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date to be Dropped Off: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_

Date of Expected Return: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_

In case of an emergency, please list the best phone numbers to reach you while you are away:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete the following, to tell us about your pet(s) and his/her normal behavior (please use another sheet of paper for additional pets, if needed):

Pet’s Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Species: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Breed(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spayed/Neutered: \_\_\_ Yes \_\_\_ No

Pet (name) \_\_\_\_\_\_\_\_\_\_\_\_ is:

\_\_\_ Active all of the time \_\_\_ Very quiet \_\_\_ Shy \_\_\_ Aggressive \_\_\_ Friendly \_\_\_ Scared

Pet (name) \_\_\_\_\_\_\_\_\_\_\_\_ is:

\_\_\_ Active all of the time \_\_\_ Very quiet \_\_\_ Shy \_\_\_ Aggressive \_\_\_ Friendly \_\_\_ Scared

My pets are caged: \_\_\_\_ Part of the time \_\_\_\_ All of the time \_\_\_\_ Has free run

If caged part of the time, how much time does your pet get out per day? \_\_\_\_\_\_\_\_\_\_\_\_

When your pet is out, do they use a litterbox? \_\_\_ Yes \_\_\_ No

How often do you clean your pet’s cage? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What kind of litter does your pet(s) prefer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if other than aspen or Feline Pine, please provide when dropping off)

My pet(s) is used to the following animals: \_\_\_ Cats \_\_\_ Dogs \_\_\_ Rabbits

My pet(s) eat the following: \_\_\_ Hay \_\_\_ Pellets \_\_\_ Vegetables \_\_\_ Fruit

Types of Hay: \_\_\_ Timothy \_\_\_ Alfalfa \_\_\_ Coastal \_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_

Types of Vegetables/Fruit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I feed my pet(s) vegetables in the: \_\_\_ morning \_\_\_ evening \_\_\_ both \_\_\_ neither

Quantity of pellets: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the: \_\_\_ morning \_\_\_ evening \_\_\_ both

Brand of pellets: \_\_\_ Bunny Basics \_\_\_ Bunny Basics/T \_\_\_ Cavy Cuisine

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please provide pellets when dropping off if other than above)

My pet(s) is: \_\_\_ a picky eater \_\_\_ inhales everything \_\_\_ eats slowly

My pet(s) drinks every day: \_\_\_ a whole bottle \_\_\_ half a bottle \_\_\_ very little water

My pet(s) uses a water bowl, not a water bottle \_\_\_ Yes \_\_\_ No

Please list any medications your pet may be taking, and the dosage instructions (please provide medications at time of drop-off):

Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any chronic health conditions, special needs, or physical or behavioral issues to be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that it is against the law to abandon an animal. Should I not return for my pet(s) on the date above, or make other arrangements, I agree that the above named pet(s) will be relinquished to the Austin Animal Center thirty (30) days after our last communication.

Signature of pet(s) owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete and attach the **Emergency Veterinary Care Directive** form below when you bring your pet to board.

**EMERGENCY VETERINARY CARE DIRECTIVE**

This is to notify you that I am out of town and that my pet(s) is being cared for by Kim Meyer. I authorize you to provide emergency treatment, should an emergency arise. I understand that every attempt will be made to reach me should there be a medical emergency while I am away, but if I am not able to be reached, you have my permission to make a judgment call regarding the medical care of my pet(s). I take full responsibility for any bills incurred for my pet(s), and hold Kim Meyer harmless.

Pet(s) name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number(s) I may be reached at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Departure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Return: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Regular Veterinarian**

Veterinarian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterinary Hospital Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have left instructions with my veterinarian, including payment arrangements.

\_\_\_ Yes \_\_\_ No

Another exotics veterinarian or emergency hospital may be used if this veterinarian is not available.

\_\_\_ Yes \_\_\_ No

In the event of my rabbit’s death, please do the following:

\_\_\_ perform necropsy \_\_\_ cremate body and hold remains for me

\_\_\_ dispose of body \_\_\_ hold body for my return

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date

Pet-sitter contact information:

Kim Meyer

(512) 695-1872 cell