

# Wilmette Pet Center Boarding Form

Please clearly complete *all* information & circle choices

Name \_\_\_\_\_

Phone # C / H ( \_\_\_\_\_ ) \_\_\_\_\_ C / H ( \_\_\_\_\_ ) \_\_\_\_\_

Emergency contact Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Pet 1. Name \_\_\_\_\_ Species: \_\_\_\_\_ Rate \_\_\_\_\_ / night

2. Name \_\_\_\_\_ Species: \_\_\_\_\_ Rate \_\_\_\_\_ / night

3. Name \_\_\_\_\_ Species: \_\_\_\_\_ Rate \_\_\_\_\_ / night

Dates boarding \_\_\_\_\_ through \_\_\_\_\_ \* Trim nails / wings? Y (if needed) N

Special instructions \_\_\_\_\_

Items Provided: \_\_\_\_\_

Vet \_\_\_\_\_ (No vet? Use ours) Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Veterinary information is requested so that should any illness or injury affects your pet while boarding at Wilmette Pet Center (WPC), he/she can be taken to the preferred vet. WPC will make every attempt to contact the owner/emergency contact before going to the vet, unless it is determined to be, at WPC's discretion, an emergency, where WPC will contact the owner as soon as possible. If no vet information is provided, pet(s) will be taken to vet of our choice. All costs will be included in the final bill. WPC or its associates is not liable for anyone's pet(s) should he/she become ill, injured, and/or die while in the care of WPC.



If the pet(s) is not picked up within thirty days of the expected pick up date, and the owner has made no effort to contact WPC, WPC will assume the pet(s) have been abandoned and will adopt out the pet(s) to a suitable home. In addition, WPC will use legal recourse to recover boarding fees up to the point of abandonment.

By signing this form, you indicate that you have read and understood all the written conditions for boarding your pet(s) at Wilmette Pet Center.

Owner name \_\_\_\_\_ Date \_\_\_\_\_

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

## Staff use only

Check in:

Added items Write PLU or tape tag here \_\_\_\_\_

Birds only: Date of psittacosis test \_\_\_\_\_

Check out:

Days \_\_\_\_\_ x rate: \$ \_\_\_\_\_ + trim \$ \_\_\_\_\_ = **Total \$** \_\_\_\_\_ Prepaid? Y N

Note all phone calls and issues on back of form.