



Registration Sheet

29699 Road 158 • Visalia, CA 93292 • 559 734-6335

Boarding Duration: _____ to _____

Drop Off Time: _____ Pick Up Time: _____

Owner Name: _____

Address: _____ Zip: _____

Phone: _____ Cell Phone: _____

E-Mail: _____

Pet's Name: _____

Sex: _____ Age: _____ Does Dog Bite: _____

Spayed/Neutered: _____ Is Your Pet Currently In Heat: _____

Dog: _____ Cat: _____ Other: _____

Breed: _____ Coloring: _____

All Dogs & Cats Must Be Flea & Tick Free at time of boarding. If not treated prior to boarding Your Best Friends Inn Will Apply a Treatment At Time Of Check-in For A Fee.

Please indicate the type of treatment used: _____ Date Applied: _____

Medical Problems if Any: _____

Medications & Dosage: _____

Special Feeding or Care Instructions: _____

Veterinary Clinic/Doctor: _____

Address: _____ Phone: _____

Date of Vaccines: DHLPP: _____ Rabies: _____ Bordatella: _____

The Following Person May Be Contacted & Deemed Responsible For The Pets Welfare In Case Of Any Emergency If The Owner Cannot Be Contacted: _____

Phone: _____ Relationship: _____



Boarding Contract

29699 Road 158 • Visalia, CA 93292 • 559 734-6335

1. Owner agrees to pay at pick-up, all scheduled fees and special request charges, any additional days will be at the rate for boarding in effect on the date pet is checked in. In the event the owner is not able to pick-up his/her pet at the scheduled time, owner agrees to pay any additional costs.
2. All Dogs and Cats must have a flea treatment prior to check-in. If Pet has not been treated for fleas and ticks, a treatment will be applied at time of check-in for an additional fee. Flea & Tick Treatment: \$ _____ Date: _____
3. Owner agrees to allow their pet to socialize with other pets of the same size and temperament at the discretion of the staff. The staff will monitor pets at all times while in the company of other pets and while at play.
4. If pet becomes ill or incurs an injury, every effort will be made to contact the owner or his/her agent. If no contact can be made and pet requires immediate professional attention, Your Best Friends Inn will engage the services of a Veterinarian. Owners preferred Veterinarian will be used if possible. In the event of a medical emergency, the maximum dollar amount that owner authorizes to be spent on _____ is \$ _____
Owner agrees to reimburse Your Best Friends Inn for any veterinary charges incurred during above mentioned situation at time of pick-up.
5. Owner agrees to indemnify, defend, and hold Your Best Friends Inn and staff harmless from and against any and all loss, cost, expense, claim, damage, or liability or responsibility arising from such emergency and or veterinary treatment.

I have read and reviewed the terms and conditions of this contract. This contract contains the entire agreement between the parties. All terms and conditions of this agreement shall be binding on the heirs, administrators, and assigns of the owner of the within named animal.

Owner: _____ Date: _____

Owner: _____ Date: _____

Your Best Friends Inn: _____ Date: _____