

South Crossing Veterinary Center
6700 Kalamazoo SE. Grand Rapids, MI 49508

BOARDING AGREEMENT AND DETAILS

Client Name : _____ Animal name _____
Address _____ City _____, MI
Phone: _____ Email : _____
Emergency contact person or phone number _____
Patient name: _____ Description: _____

My pet(s) will begin boarding on: _____ and end boarding on: _____
Items and belongings left with Pet: _____

Does your pet have any medical conditions or problems we should know about? Yes No
If yes please explain: _____

Is your pet on any medication? Yes No If yes please explain: _____

(Please leave only the amount of medication needed for the duration of your pet's stay)
Does your pet have any behavioral problems? Yes No If yes please explain: _____

Would you like your pet to receive any of the following services while here?

- Bath Yes No <20# \$ 26.00 20-40# \$ 27.81 40-60# \$32.96
 60-80# \$38.11 80-100# \$43.26

(Bath, brush, Nail trim and anals expressed together Can be up to 60% off when combined)

- Nail trim Yes No (\$18.00)
- Grooming Yes No Ask for estimate.
- Clean Ears Yes No (\$22.50)
- Fecal Examination Yes No (\$24.10)
- Heartworm Testing, (includes Heartworm, Lyme, Erlichia and Anaplasmosis testing)
 Yes No (\$55.00)
- Express anal glands Yes No (\$21.90)
- Play times Yes No (\$7.50 per 15 minute session) How many sessions each day
do

you think your pet would like? _____

- Update Vaccinations Yes No (We require all vaccines to be current.)

Signature of pet's owner or authorized agent:

Printed Name _____

Prices are subject to change periodically. Please verify total charges when checking in.