



HUMANE SOCIETY
OF CHARLES COUNTY

71 Industrial Park Drive
Waldorf, MD 20604

www.humanesocietycc.org

boarding@humanesocietycc.org

301-645-8181 (p) 301-632-6905 (f)

Boarding Agreement

Owner's Name: _____
Last First M.I.

Address: _____
Street City State Zip

Contact Information:

Cell	Work	Home
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Email: _____

Can we reach you while you are away? YES NO

Contact Information: _____

Alternate Emergency Contact: _____

Date of Drop Off: _____ Date of Pick Up: _____

Veterinary Practice Used: _____ Phone: _____

If we are unable to reach your vet in the event of an emergency, may we use another? YES NO

Has your dog ever bitten anyone/shown signs of aggression? YES NO

Favorite type of play/affection? _____

Fear of thunderstorms? YES NO

If yes, what degree? _____

Any medical/health concerns? _____

Items you are leaving this time (HSCC not responsible for lost/damaged items left).

Owner's Food (please bag each meal) _____ Owner's food container (please label) _____

Bedding (describe): _____

Toys (describe): _____

Treats (# per day): _____

Medication (list name of drug, quantity per dose, & number of doses daily):



Pet # 1 Name: _____
Breed: _____ Age: _____ Weight _____
Color: _____
Gender: Male/Female Spayed/Neutered
Walks: ___ Yes ___ No
Special Instructions: _____

Total est. cost \$ _____

Pet # 2 Name: _____
Breed: _____ Age: _____ Weight _____
Color: _____
Gender: Male/Female Spayed/Neutered
Walks: ___ Yes ___ No
Special Instructions: _____

Total est. cost \$ _____

Pet # 3 Name: _____
Breed: _____ Age: _____ Weight _____
Color: _____
Walks: ___ Yes ___ No
Gender: Male/Female Spayed/Neutered
Special Instructions: _____

Total est. cost \$ _____

Pet # 4 Name: _____
Breed: _____ Age: _____ Weight _____
Color: _____
Walks: ___ Yes ___ No
Gender: Male/Female Spayed/Neutered
Special Instructions: _____

Total est. cost \$ _____

Humane Society of Charles County (HSCC) BOARDING CONTRACT

1. Number of days _____ x \$ _____ fee + \$ _____ additional services = \$ _____
Estimated total. For services in excess of \$200, a 50% deposit is required.

2. Any expense deemed necessary by the HSCC, such as food, supplies, veterinary fees, and medications, shall be reimbursed in full by client upon pick up of pet or when billed by the HSCC.

3. By signing this contract, owner states that pet(s) is free of all contagious diseases and is, to owner's knowledge, in good health. If the pet(s) become ill or if the state of the animals' health otherwise requires professional attention, the HSCC in its sole discretion may engage the services of a veterinarian, administer medicine or give other requisite attention to the animals, and expenses thereof shall be paid by the owner.

4. Owner warrants that pet(s) has no vicious history and agrees to pay for any and all damages and indemnify the HSCC and its representatives from any liability for any vicious behavior whether or not vicious history exists.

5. All animals are boarded or otherwise handled or cared for by the HSCC without liability on the HSCC's part for loss or damage from disease, fire, theft, death, running away, injury, or harm to person, other animals, or property by said animal, or other unavoidable causes.

6. The client understands the contents of this contract, and by signing below takes full responsibility for immediate payment upon completion of services.

Client Signature: _____ Date: _____