



**HUMANE SOCIETY**  
OF CHARLES COUNTY

71 Industrial Park Drive

Waldorf, MD 20604

[www.humanesocietycc.org](http://www.humanesocietycc.org)

[boarding@humanesocietycc.org](mailto: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): \_\_\_\_\_

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Pet # 1 Name: \_\_\_\_\_ Pet # 2 Name: \_\_\_\_\_  
 Breed: \_\_\_\_\_ Age: \_\_\_\_\_  
 Breed: \_\_\_\_\_ Age: \_\_\_\_\_  
 Color: \_\_\_\_\_ Color: \_\_\_\_\_  
 Gender: Male/Female Spayed/Neutered Gender: Male/Female Spayed/Neutered  
 Special Instructions: \_\_\_\_\_ Special Instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Pet # 3 Name: \_\_\_\_\_ Pet # 4 Name: \_\_\_\_\_  
 Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_  
 Color: \_\_\_\_\_ Color: \_\_\_\_\_  
 Gender: Male/Female Spayed/Neutered Gender: Male/Female Spayed/Neutered  
 Special Instructions: \_\_\_\_\_ Special Instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Humane Society of Charles County (HSCC) BOARDING CONTRACT**

1. Number of days \_\_\_\_\_ x \$ \_\_\_\_\_ fee + \$ \_\_\_\_\_ additional services= \$ \_\_\_\_\_

Estimated total fee. 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

7. **Payment is due in full at the time of pick.** We accept cash, check or credit card. **(no Amex and Discover).** There is a returned check fee of \$15 for all returned checks. **You will be charged for the day of drop off and day of pick up regardless of the time.** Pets are only released to the owner unless otherwise specified.

Client: \_\_\_\_\_ Date: \_\_\_\_\_