

SENIOR EXTENDED CARE ADMISSION

10016 Strickland Rd., Raleigh, NC 27615 • (919) 847-0389 • Fax (919) 847-2013



Boarding Dates: From _____ To _____

YOU WILL BE CHARGED FOR THE DAY OF DROP-OFF AND AFTER 2:00 P.M. ON THE DAY YOU PICK UP YOUR PET.

Reminder: Armadale Farm Kennel is not responsible for items left with your pet and will not replace or pay for lost items.

Owner's Name _____
(Last) (First)

Phone Number _____
While Away _____

Pet's Name _____ Breed _____

Services Included:	<input checked="" type="checkbox"/> Bath(s)	<input checked="" type="checkbox"/> Extra Walks	<input checked="" type="checkbox"/> Extra Bedding	<input checked="" type="checkbox"/> Food From Home	<input checked="" type="checkbox"/> Medication(s)
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Please provide the additional services marked for my pet: (ask about prices not shown)

<input type="checkbox"/> Furminator® (Pick-up Time: _____) <input type="checkbox"/> Anal Glands (\$5) <input type="checkbox"/> Nails (\$10 - \$15) <input type="checkbox"/> Comfortis® (Price by weight) <input type="checkbox"/> Daily Brush (\$3) <input type="checkbox"/> Teeth Brushing (\$12) <input type="checkbox"/> Daily Cookie Time (\$1.50) <input type="checkbox"/> Daily Frozen Kong's® (\$4)	<input type="checkbox"/> Daily Frosty Paw's® (\$4) <input type="checkbox"/> Sunday Brunch (\$4.50) <input type="checkbox"/> Daily Photo Time (\$5) <input type="checkbox"/> Daily Gourmet Biscuits & Gravy (\$3) <input type="checkbox"/> Daily Pamper Time (\$8) <input type="checkbox"/> Daily Playtime (\$9) w/other dogs requires signature: _____ play log? <input type="checkbox"/> Y <input type="checkbox"/> N
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Luggage: _____

No blankets larger than 3x3, beds, rope toys, or tennis balls will be allowed. We will not be responsible for items left with your pet and will not replace or pay for lost items.



Vet Services Requested

Health Concerns/Special Requests: _____

Diet/Medication Instruction: _____

Address Changes or New Phone Number?

Phone/Cell: _____ Email: _____

Address: _____

PET CARE AGREEMENT

This Kennel agrees to provide reasonable and responsible care for the listed pet(s). This care includes daily cleaning, fresh water, palatable and adequate food, shelter, and exercise. This Kennel will not be responsible for loss of a pet due to escape, theft, fire, death, or acts of God. In case of sickness during the visit it is agreed that this Kennel has the authority to provide veterinary care at its discretion. All veterinary costs before, during, or after the visit will be borne by the pet's owner or guardian. In case of death, this Kennel has the authority to have an autopsy performed to determine cause of death by outside party. Any pet left over 30 days without payment will be considered abandoned.

DAILY FEES ARE:

DOGS: \$43.00 PER DAY: This fee includes additional walks, bathing, bedding, and all diet/medication fees. Not responsible for items left with your pet. All items left behind will be discarded. \$10.00 phone verification fee for vaccine information. Bath charge for pets admitted with fleas. \$50.00 charge for all after hours transactions **BY APPOINTMENT ONLY.**
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Our hours are:
Monday-Friday 8:00 a.m. - 6:00 p.m.
Saturday 8:00 a.m. - Noon
Sunday 5:00 p.m. - 7:00 p.m.

Signature _____

(YOU WILL BE CHARGED FOR SUNDAY.)

Checked Out/Picked Up By: _____

FOR OFFICE USE ONLY

RUN# _____ ADMITTED BY _____ CHECKED BY _____ / _____ CARD MADE _____