Kat's Critter Care Boarding Agreement

Date:_____

By signing this documer	nt, you are agreeing to the terms	listed in it.	
Client's Name:			
Client's Contact Phone Number for	Duration of Boarding		
Alternate Contact Phone Number _			
Client's Address			
Kat's Critter Care will provide care	and boarding for the following	animal/s:	
Pet's Name			Age
Drop off Date:	Pick up Date:		
At a rate of per day per a number of days or animals boarded		regai	dless of
Payment in full is required prior to	picking up any and all animals.		
Any animals not picked up and paid property of Cassandra Keuhl.	d for within 60 days of the pick	up date becor	me the
If Cassandra Keuhl or any Kat's Cr required for any boarded animals or listed above will be made. If we are Kat Critter Care's Veterinarian of c	ne (1) attempt to call you at the unable to contact you, your and	contact numb imal will be ta	er/s aken to

incurred. This amount will become part of your boarding fee and must be paid before any

animals are picked up.

Kat's Critter Care (Cassandra Keuhl), will not be held financially responsible for any injuries to or death of any animals during boarding under any circumstances.
If your animal/s require any special attention or has special needs, please list them below:
Client's Signature:
Client's Signature: Date:
Cassandra Keuhl: Date: