



1517 Meadow Street, Littleton, NH 03561
603-259-3244 www.secondchancear.org
email: secondchancear.org@gmail.com

BOARDING CONTRACT

DATE & Time Dropped Off: _____

DATE & Time To Be Picked Up: _____

Owner Name(s) _____

Phone (home) _____ (work) _____ (cell) _____

Address _____

City/State/Zip _____

EMERGENCY INFORMATION:

Contact Name _____

Address _____ City/State _____

Phone numbers _____

Veterinarian & Telephone Number _____

Name of Cat 1 _____ Sex ____ Spayed or Neutered?: _____

Age _____ Color _____ Breed _____

Any behavior problems we need to know about (biting, aggressive towards humans or other cats, etc)?

Date of last inoculations: Rabies _____ Distemper _____ Leukemia _____

Current Food: _____

Medical Problems, Allergies, etc. _____

Special Instructions: _____

Name of Cat 2 _____ Sex ____ Spayed or Neutered?: _____

Age _____ Color _____ Breed _____

Any behavior problems we need to know about (biting, aggressive towards humans or other cats, etc)?

Date of last inoculations: Rabies _____ Distemper _____ Leukemia _____

Current Food: _____

Medical Problems, Allergies, etc. _____

Special Instructions: _____

Cat's Belongings _____

Rates Per Day:

1 Cat	\$14	4 Cats in 1 Double & 2 Single Rooms	\$44
2 Cats in 1 Double Room	\$22	5 Cats in 2 Double Rooms	\$50
2 Cats in 2 Single Rooms	\$24	5 Cats in 2 Double & 1 Single Rooms	\$54
3 Cats in 1 Double Room	\$30	5 Cats in 5 Single Rooms	\$60
3 Cats in 1 Double & 1 Single Rm	\$34	6 Cats in 2 Double Rooms	\$54
3 Cats in 3 Single Rooms	\$36	6 Cats in 3 Double Rooms	\$60
4 Cats in 2 Double Rooms	\$40		

This is a Contract between Second Chance Animal Rescue (hereinafter called "SCAR") and the pet owner whose signature appears below (hereinafter called "Owner").

1. SCAR agrees to exercise reasonable care for the pet delivered by the Owner to Kennel for boarding, and to keep its premises sanitary and properly enclosed.
2. Owner agrees to pay the rates listed above, and further agrees to pay all costs and charges for special services requested, and all veterinary costs for the pet during the time said pet is in the care of SCAR. All charges incurred by Owner shall be payable upon pickup of pet.
3. Owner further agrees that the pet shall not leave the kennel until all charges are paid to SCAR by Owner.
4. By signing this Contract and leaving this pet with SCAR, Owner certifies to the accuracy of all information given about said pet on contract above.
5. If pet(s) becomes ill or if the state of the animal's health otherwise requires professional attention, SCAR, in its sole discretion, may engage the services of a veterinarian or administer medicine or give other requisite attention to the animal, and the expenses thereof shall be paid by the Owner.

_____ Date _____
 Owner Signature

_____ Date: _____
 Staff Signature

Amount Paid \$ _____
 ___ Cash ___ Check # _____