



**Companion Animal Care Center**  
3340 Paper Mill Road  
Phoenix, MD 21131  
410-628-8387

**EXTENDED STAY CONTRACT**

Drop off date: \_\_\_\_\_ Pick up date: \_\_\_\_\_

Belongings brought with pet: \_\_\_\_\_

Although we will make every attempt to return your belongings at the end of your pet's stay, Companion Animal Care Center is not responsible for personal items left with your pet.

Current medications/diet: \_\_\_\_\_

Bath on day of pick up: ( ) Yes ( ) No

*I hereby authorize the veterinarian and staff of Companion Animal Care Center to hospitalize my pet during the period specified above. I understand that my pet must be currently vaccinated and free of external and internal parasites. If my pet is not current on the necessary vaccinations, or is found to have internal or external parasites, my pet will be treated accordingly at my expense, and will be isolated from the kennel for an additional fee.*

If your pet becomes ill, we will call the emergency number(s) listed below to inform you of your pet's condition, treatment options and costs. In the event that no one can be reached, please indicate your wishes below should your pet require treatment to relieve immediate discomfort and/or to resolve a medical or surgical condition.

- ( ) Perform whatever services/procedures the doctor deems necessary for the best care of my pet until I can be reached. This includes only non-elective treatment and/or procedures and any diagnostic tests.
- ( ) I authorize up to ( ) \$100 ( ) \$200 ( ) \$250 ( ) Other \$ \_\_\_\_\_ in medical care for my pet until someone can be reached.
- ( ) Do not administer any medical treatment until specific authorization is given.

**According to our records, your pet is due for:**

\_\_\_\_\_  
\_\_\_\_\_ ( ) Approve ( ) Decline

Additional procedures to be performed while my pet is boarding:  
( ) Microchip ( ) Nail trim ( ) Anal sac expression ( ) Other \_\_\_\_\_

*The staffing hours of Companion Animal Care Center are only during office hours.  
HOSPITALIZED PETS ARE NOT OBSERVED 24 HOURS A DAY.*

Owner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number where I can be reached: \_\_\_\_\_

Emergency contact if owner cannot be reached: \_\_\_\_\_