



McCracken County Humane Society, Inc.

4000 Coleman Road

Paducah, KY 42001

(270) 443-5923

DATE IN: \_\_\_\_\_ DATE OUT: \_\_\_\_\_

# of days boarding \_\_\_\_\_ X \$12.00 = \_\_\_\_\_

PAID CASH: \_\_\_\_\_ PAID CC \_\_\_\_\_

Initials \_\_\_\_\_

**BOARDING FEE IS BASED ON THE DAY THE ANIMAL ENTERS HUMANE SOCIETY THRU AND INCLUDING THE DAY OF PICK UP – ONE ANIMAL PER WAIVER.**

**BOARDING WAIVER**

*The undersigned hereby declares and understands:*

- 1. All animals boarding at the McCracken County Humane Society, Inc. will be cared for to the best of our ability.*
- 2. Boarder dogs/cats are required to have all preventative vaccinations (including kennel cough vaccinations) made current at least 14 days before the pets will be allowed to be housed in our facility.*

Pets Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_

Date of last vaccinations: \_\_\_\_\_

Date of kennel cough vaccinations: \_\_\_\_\_

Medications: \_\_\_\_\_

Food: \_\_\_\_\_

Portions: \_\_\_\_\_

Accessories: \_\_\_\_\_

Specific instructions: \_\_\_\_\_

Housetrained: Yes or No if yes, how frequently does he/she need to be walked: \_\_\_\_\_

**OWNERS INFORMATION**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**EMERGENCY CONTACT**

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**IN THE EVENT YOUR PET BEGINS SHOWING SIGNS OF ILLNESS WE WILL NOTIFY YOU OR YOU'RE CONTACT FOR FURTHER INSTRUCTIONS.**

Owner signature and date: \_\_\_\_\_

Witness By: \_\_\_\_\_