

202 Van Syckels Road Hampton, NJ 08827 Phone: (908) 735-4661 Fax: (908) 735-9767 If you **DROP OFF** between 5pm and 6pm, you do not pay for the day.

If you **PICK UP** between 8am and 9am, you do not pay for the day

HOURS OF OPERATION: Mon-Sat 8am-6pm / Sun 8am-4pm CLOSED HOLIDAYS

SERVICE CHARGE ON RETURNED CHECKS - \$25 UNSCHEDULED OPENINGS - \$25.00

I hereby authorize ALADDIN KENNELS, while caring for my pet, be permitted to attain medical care for him in the case of illness, either with my veterinarian or one of their choice. I will not hold them liable for any illness while in their care and will take full responsibility for all medical fees.

Five (5) days after registered written notice is mailed to the address below requesting removal of my pet, it will be considered abandoned and be disposed of as the kennel deems best. It is furthermore understood that by doing it does not relieve me from any financial responsibility regarding professional services and boarding costs incurred.

Any and all damages that are caused by my pet while in your care will be settled before my pet will be released.

If I decide to pick up my pet earlier than scheduled, I will give the kennel 48 hours notice or will be expected to pay for the entire reservation.

I have read the foregoing, understand and agree to its conditions & statements.

NAME					
ADDRESS		CITY		STATE	ZIP
TELEPHONE	Er	MAIL			
PET'S NAME		_ PET'S AGE	_ VETERINARIA	N	
DATE OF LAST VACCINATIONS: Rabies_		Distemper		Bordatella	
EMERGENCY NUMBER					
GROOM		EXERCISE			
BATH		MEDICATION			
FLEA & TICK DIP		SPECIAL DIET			
HOUSE PET OR OUTDOOR PET		DOES YOUR PET BIT	E		
MEDICAL PROBLEMS					
BOARDING RATE					
UNSCHEDULED OPENING CHARGE					
SIGNATURE				DATE	
DROP OFF DATE	_ TIME	PICK	UP DATE		TIME
DO NOT COMPLETE THIS SECTION UN	LESS SOMEO	NE OTHER THAN THE PE	RSON WHO SIGNE	D ABOVE WILL BE	PICKING UP YOUR PET
NAME OF PERSON PICKING UP PET					
SIGNATURE					