



BOARDING AGREEMENT

DATES

Dog's Name _____

BEGIN Boarding DATE: _____ TIME: _____

END Boarding DATE: _____ TIME: _____

Pick up location: Business or Home _____

(Please note: The boarding period is 24 hours beginning at the time of drop off. If there is a delay in the pick up time, a daycare fee will apply).

Age _____ Breed _____ Is your dog: Neutered or Spayed? (please circle one)

Has your dog ever been boarded? _____ How was the experience? _____

CLIENT INFORMATION:

Owner's name: _____

Address: _____

Phone (H) _____ (CELL) _____

Alternate Emergency Contact: _____

MEDICAL

Vet Clinic _____ **Veterinarian's Name** _____

Address _____

Clinic Phone Number _____

Is your dog up to date on the following: Rabies: _____ Distemper/Parvo combo _____ Bordetella _____ (please provide a copy of current vaccinations)

Is your dog on any flea preventative? _____ Brand Used _____

Is there anything else we should know to make your dog's stay more comfortable?

In the event of an injury, do you authorize Petite Paws Playcare to take your dog to your vet at the owner's expense? Yes _____ No _____ Initial: _____

CARE INSTRUCTIONS

FEEDING:

Please note: It is the owner's responsibility to provide the correct amount of food for the duration of the stay. Additional fees may apply if the supply runs out prior to pick up.

Frequency per day: _____ At what times: _____

Quantity: _____

Any food allergies or restrictions? _____

Is your dog food aggressive? _____

SLEEPING:

Where does your dog sleep? Dog bed _____ Crate _____ (Please provide)

Other _____

Additional instructions: _____

TOILETING:

What are your dog's toilet habits? _____

Frequency: _____ (in hours)

Final toileting time at night _____ Are they OK until morning? _____ Time: _____

Do they need to go out upon waking? _____

Do you have a phrase/word for toileting? _____

BEHAVIORAL:

On a walk, how does your dog react to approaching people? _____ Dogs? _____

Any other instructions? _____

TRANSPORTATION:

How do you transport your dog in the car? _____

Do you have a seat belt harness? _____

WAIVER AND RELEASE

I hereby declare that I am the legal owner of my dog and that my dog has not been exposed to distemper, rabies, parvovirus or any other contagious disease within the past thirty (30) days and that my dog has been vaccinated by records presented.

(Please provide proof of current vaccinations and proof of flea treatment for our records)

My dog's boarding is not without risk. I authorize Petite Paws Playcare Ltd. to do whatever they deem necessary for the safety, health and well-being of my dog while under the care of Petite Paws Playcare Ltd. including seeking professional treatment for my dog.

(Every effort will be made to provide a safe environment for your dog. If your dog requires medical attention, we will contact you immediately and make arrangements with you as to where to take your dog. If we cannot reach you, we will transport your dog to the Emergency Animal Clinic).

I am solely responsible for any damage or injury incurred while my dog is boarded, to include payment of costs of injury to staff, other clients and other animals or damage to facilities caused by my dog. I waive any and all claims, actions or demands of any nature, foreseen or unforeseen, that I may have against Petite Paws Playcare Ltd. relating to the care, control, health and/or safety of my dog arising during pick-up, transportation, drop-off and stay at the facilities.

I understand my dog's acceptance into boarding is discretionary and that Petite Paws Playcare Ltd. has the right to refuse service to me and/or my dog at any time for any reason. I understand that if my dog has a history of or repeatedly demonstrates aggression or biting humans or animals, Petite Paws Playcare Ltd reserves the right to refuse service.

I, the undersigned, agree to the above, accept full responsibility for the acts of my dog while being boarded and release Petite Paws Playcare Ltd., and its owners and staff of all claims of liability.

I acknowledge that I have carefully read all parts of the Agreement, including this Waiver and Release, understand its contents, and understand that his agreement includes an assumption of the risk of Petite Paws Playcare Ltd. negligence and liability. I acknowledge that Petite Paws Playcare Ltd. is materially relying on this waiver and is allowing my dog(s) to engage in play with other dogs in the daycare, and the facility during their stay in the Petite Paws Playcare boarding facility.

I have read all of the above and agree to comply:

Print Name: _____ Signature: _____

Date: _____ Dogs Name: _____

FINANCIAL POLICY

I understand that payment is due upon completion of Boarding Services. If I do not pay at the time of booking, I authorize Petite Paws Playcare Ltd. to charge my credit card for the balance of Boarding fees.

I understand that if an unpaid balance remains unpaid for 14 days or more, unless another arrangement in writing is made, my account will be charged with a 10% late payment fee.

I understand that during peak holiday season bookings will require a 50% deposit prior to boarding check-in date to secure and reserve my dog's space. I understand holiday reservations not cancelled 72 hours prior to arrival date will be subject to a non-refundable deposit. Holiday periods include the week of Easter, Thanksgiving and Christmas/New Year.

Please fill in the information and sign below:

Print Name: _____

Phone Number: _____

Email: _____

Credit Card Type: (circle one) Mastercard Visa

Credit Card Number _____ - _____ - _____ - _____

Security Code: _____

Expiration Date: ____ / ____

Credit Card Holder's Name (Please print) _____

(as it appears on the card)

Billing Address: _____

City: _____ **Province** _____ **Postal Code:** _____

I authorize Petite Paws Playcare Ltd. to initiate a one-time charge to the credit card indicated above for the total amount due upon the completion of Boarding Services provided by Petite Paws Playcare Ltd.

I also authorize charges for any additional related services that may incur. Charges to my account may vary.

Card Holder Signature _____

Date: _____