**NAME OF PETS(S):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE IN: \_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OUT:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REQUIREMENTS FOR BOARDING:**

* RECENT EXAM WITH **ANIMAL HOSPITAL OF EAST DAVIE** WITHIN PAST 12 MONTHS
* CURRENT ON DISTEMPER PARVO, RABIES, BORDETELLA VACCINATIONS
* UP TO DATE ON HEARTWORM/FLEA/TICK PREVENTION

PLEASE CIRCLE ONE:

\*$20 per additional dog in a suite, run, or kennel

\*\*Limit of pets per area: 3 dogs less than 40 lbs. or 2 dogs over 40 lbs

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**DROP OFF POLICY:**

* OWNER MUST DROP OFF DOGS
* IF HE/SHE CANNOT MAKE IT, THEY MUST COME BY BEFOREHAND TO SIGN PAPERWORK AND PRE-PAY

**RESERVATIONS:**

* **A NON REFUNDABLE $75 DEPOSIT IS REQUIRED AT TIME OF BOOKING**
* **ANY UNUSED NIGHTS ARE NON REFUNDABLE**

**PLEASE MARK ALL THAT APPLY:**

**\_\_\_** Feed my pet your Purina EN Formula Food: \_\_\_ Once Daily \_\_\_ Twice Daily

\_\_\_ Feed my pet his/her own food with these instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ If my pet runs out of their own food **OR** does not eat their own food they will be fed Purina EN dry or canned food while here

List **ALL** of your pet(s) belongings including food. We do not claim responsibility for any damaged or lost items left with your pet.(Limited to Food, treats, meds, 1 bed **or** blanket and 1 toy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME OF PET(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has your dog ever been in an outdoor, off-leash environment before? YES NO**

**Is your dog DOMINANT or SUBMISSIVE with people?** (circle one)

**Is your dog aggressive towards \_\_\_men \_\_\_cats \_\_\_other dogs?**

**Is your dog an escape artist? YES NO**

If YES, check all that apply

 \_\_\_JUMPS FENCES \_\_\_CLIMBS FENCES

 \_\_\_OPENS LATCHES \_\_\_QUICKLY BOLTS OUT OPEN DOORS

 \_\_\_DIGS UNDER FENCES \_\_\_OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special handling/Other notes: (ex: special quirks, deaf/blind, object guarding, dog aggression, storm anxiety, separation anxiety, hiding places, fears/phobias, etc.)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE READ AND INITIAL EACH SECTION:**

**\_\_\_\_\_** I acknowledge that while my pet is here and has stress colitis or loss of appetite the kennel staff will be instructed to feed GI diet and give any medications prescribed by a Doctor if needed and you may not be contacted.

\_\_\_\_\_ If my pet becomes sick(*besides stress colitis)* while boarding, (CIRCLE ANY AND ALL THAT APPLY)

1. do whatever treatments or diagnostics are necessary to make my pet healthy
2. call me before running any laboratory tests. I understand if the doctor cannot reach me, she will use her judgment about running tests without permission, and will be responsible for the charges.
3. do whatever is customary but I give the doctor permission to use her judgment if my pet is suffering to not resuscitate or use heroic measures if I can’t be reached.

**\_\_\_\_\_** I acknowledge that although Davie Dog House takes precautions to keep my dog safe and enclosed on its properties at all times, I am aware that some dogs are very quick, agile, and determined when in new situations to attempt to escape and I do not hold Davie Dog House responsible in any way if my dog should successfully escape. I recognize that there is a risk of injury and/ or illness in any off-leash fenced environment. I recognize and assume all risks associated with outdoor playtime, including injuries from rough play and both viral and bacterial contagions.

\_\_\_\_\_I assume full responsibility for my dogs at all times. I agree to waive any claim against Davie Dog House. I further agree to hold the Davie Dog House parties harmless. This agreement covers the current relationship between the Davie Dog House and yourself and your pet. Each time you bring your dog to the Davie Dog House, you affirm the terms of this agreement, and the truthfulness and accuracy of all statements you make in this agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Date