



BOARDING CONTRACT

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:

Luxury Suite: \$45 per night (playtime and 24 hour webcam access)	Luxury Run: \$40 per night (playtime and 24 hour webcam access)	Premier Run: \$35per night	Basic Kennel: \$25 per night	Cat Room: \$19 per night (\$12 per additional cat)
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*\$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

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 \$75 DEPOSIT IS REQUIRED AT TIME OF BOOKING
- MUST CANCEL ONE WEEK BEFORE SCHEDULED RESERVATION TO RECEIVE REFUND CHECK ON DEPOSIT

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. This includes bedding toys, collars, and leashes. _____

LOCAL EMERGENCY CONTACT INFORMATION:

NAME: _____

TELEPHONE NUMBER: _____

PERMISSION TO PICK UP: YES/ NO

Sunday Pick-up: 2-6:00 PM

Davie Dog House: (336)940-3701

Signature

Date



DAVIE DOG HOUSE LIABILITY FORM

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)

- a) do whatever treatments or diagnostics are necessary to make my pet healthy
- b) 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.
- c) 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