

EL DORADO -VIP- BOARDING KENNELS

CLIENT INFORMATION

Owners: Last Name _____ First Name: _____
Address: Street/P.O. Box _____
City _____ Province _____ Postal Code _____
Home Phone: _____ Work Phone: _____ e-mail _____

CHECK IN/ CHECK OUT DATES

Date in: _____ Date out: _____

LOCAL EMERGENCY CONTACT

Name: _____ Phone: _____

****People above are authorized to make decisions on my behalf in case of emergency if I can not be reached.****

PET INFORMATION

Name: _____ Breed: _____ Age: _____
Color: _____ Sex: _____ D.O.B. _____ Spayed/Neutered: _____
Veterinarian: _____ Clinic: _____ Phone: _____
Shot dates: Rabies ___/___ Parvo ___/___ Distemper ___/___ Bordetella ___/___
mo/yr mo/yr mo/yr mo/yr

****Proof of Vaccination records from a Veterinarian is required, please check your vaccination requirements if you are not absolutely sure, as your dog(s) will not be accepted without all current vaccinations noted above. No exceptions will be made.**

****Special concerns:** _____

Are there long or short term medical issues? If so explain: _____

In the event Veterinary services are required, is there an upset cost for those services? If so, please provide direction: _____

Permission to take and post photos of your pet for advertisement purposes: Yes ___ No ___

Please Check Off if it applies to your pet:

<input type="checkbox"/> Afraid of Thunder	<input type="checkbox"/> Protective of food/treats
<input type="checkbox"/> Dog Aggressive	<input type="checkbox"/> People or Child Aggressive
<input type="checkbox"/> Is your pet Friendly (social with other dogs)	<input type="checkbox"/> Bite History
<input type="checkbox"/> Does your dog dig	<input type="checkbox"/> Food Allergies
<input type="checkbox"/> Escape Artist	<input type="checkbox"/> Sensitive Skin
<input type="checkbox"/> Does your dog chew, climb or jump	<input type="checkbox"/> Prone to Seizures
<input type="checkbox"/> First time boarding (any problems before)	<input type="checkbox"/> Arthritis

Any above explanations required or extra notes: _____

Owners Signature: _____ **Date:** _____

Boarding Contract

This contract is between EL DORADO VIP Boarding Kennel and the pet owner whose signature appears on the front of this sheet (hereby referred to as owner).

1. Owner agrees to pay the rate for boarding in effect on the date pet is checked into the Kennel. In the event the owner fails to pick-up his/her pet 72 hours after the scheduled pick-up date without prior mutual arrangement with the kennel; boarding fees shall be double the rate in effect on the date of check in commencing the scheduled pick-up date.
2. Owner further agrees that the pet shall not leave the kennel until all charges are paid to the kennel. All charges incurred by owner shall be payable upon pick-up of pet.
3. If the pet becomes ill or if the state of the animal's health otherwise requires professional attention, the kennel in its sole discretion may engage the services of a veterinarian or administer medicine or give other requisite attention to the animal, and the expenses thereof shall be paid by the owner.
4. Kennel shall exercise reasonable care for the pet(s) while staying at the kennel. It is expressly agreed by the owner and kennel that kennel's liability shall in no event exceed the lesser of the current chattel value of a pet of the same species or the sum of \$200.00 per animal... The owner agrees to be solely responsible for any and all acts or behavior of said pet, while it is in the care of the kennel.
5. Owner agrees to pay repair or replacement costs for all damages to kennel or kennel furniture or equipment in the event that their pet destroys or damages any such items.
6. Owner understands that the kennel cannot be held responsible for lost, dirty, damaged or destroyed belongings.
7. Owner hereby waives and releases El Dorado VIP Boarding Kennels, its owners , employees and agents from any and all liability if the pet escapes from the facility during playtime or any time during their stay at the facility.
8. Owner specifically represents to kennel that the pet has not been exposed to rabies, parvo or distemper within 30 days prior to said services. Furthermore, said pet has received an annual rabies, distemper, parvo and canine cough (bordetella) vaccination which can be confirmed by the veterinarian listed at the beginning of this document. If said vaccinations cannot be confirmed the kennel has the authority to have those vaccinations administered at the owner's expense.

NOTICE: Any dog arriving with fleas, lice, or ticks must be treated at owner's expense prior to boarding visits. In addition, the kennel reserves the right to refuse services at any time for any reason regardless of reservations or prior arrangements.

Owners Signature: _____ **Date:** _____

Pet Medication Information: _____
When do you feed your pet? A.M. _____ P.M. _____
Where do you purchase your food? _____
Brand and type of food? _____
Feeding Instructions: _____

Agreement to Hold Harmless, Waiver and Assumption Risk:

I want my dog to receive exercise/play time with other dogs at El Dorado VIP Boarding Kennels. My dog is well socialized with other dogs. My dog will not attack or bite another dog. I understand that this is not without risk to my dog, because some dogs may bite or injure each other while playing.

I hereby waiver and release El Dorado VIP Boarding Kennels, its owners, employees and agents from any and all liabilities of any nature, for any injury or damage which my dog may suffer, including but not limited to any injury or damage resulting from the action of any dog, and I expressly assume the risk of such damage or injury.

In consideration of and as inducement to the acceptance of my application for my dog's participation in group exercise/play with other dogs at El Dorado VIP Boarding Kennels, I hereby agree to indemnify and hold harmless El Dorado VIP Boarding Kennels, its owners, employees and agents from any and all claims.

I hereby waiver and release El Dorado VIP Boarding Kennels, its owners, employees and agents from any and all liability of any nature, for any injury or damage to my dog, including, but not limited to, any injury/or any consequences from transporting the dog to or from veterinary care or at the owner's request.

BUSINESS HOURS: {For Drop-offs & Pick-ups}

Monday---Sunday: 10:00 a.m. – 12:00 p.m. & 4:00 p.m. – 6:00 p.m.

Holidays: By Appointment only

After hours pick-ups/drop-offs by appointment only for additional \$20.00

I have read and agree with the above,
Signature of Owner or Authorized Agent: _____

Date: _____

CHECK OUT HOURS:

There is no charge for pets picked up before 12:00 p.m.

After 12:00 p.m., you will be charged for that day.

NOTE: Closed Daily From 12:00 – 4:00

Bring Your dog's own food: We prefer that your dog remain on it's current diet. Dietary changes can cause stress and stomach upset. Storage is limited, so please bring only enough for your dog's stay. If your dog runs out, we will do our best to purchase the same type of food and add it to the bill upon pick-up.

Bring your dog's food dishes, bedding, and toys if you wish, though: We can not guarantee that we will return your bedding, dishes or toys to you. Dogs often damage or destroy their bedding and toys when sleeping in unfamiliar places. All bedding and toys should be clearly labeled with permanent ink. We prefer bedding that is easily washable.

KENNEL RATES:

Our Kennel rates start at \$25/day for outdoor kennels, \$28/day for 4'x7' suite, \$31/day for 5'x7' suite and \$35/day for the 7'x8'. A second dog costs \$19/day if in the same suite. These rates are subject to change without notice.

RESERVATION & CANCELLATION POLICY:

Changes to Reservations: If you shorten your reservation, please be advised that we require a 72 hour notice. If you do not provide us with required notice, you will be responsible to pay for the days you reserved

Cancellation of a Reservation: Must be made 72 hours in advance of your reserved stay or there will be a 2 day boarding fee charged to you.

Pick-up & Delivery Reservations: Need to be made at least 72 hours in advance or there could possibly be additional charges to the set rate.

I have read and agreed to the policies listed above:

Signature: _____ Date _____