



# Purrfect Dog Training

## Boarding/Daycare Contract

By Kat

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All boarding and daycare clients must sign a boarding/daycare contract for each pet boarded, on an annual basis on updated vaccinations or changes.

This is a contract between Purrfect Dog Training and Boarding, LLC (PDTB) and the pet owner whose signature appears below (hereinafter called "Owner").

1. I, my dog(s), my personal representatives, assigns, heirs and next of kin hereby release, waive and discharge PDTB, its agents, subcontractors, employees, animal parents, customers and potential customers from any and all liabilities for injuries (to any person, dogs or property including but not limited to, physical harm to myself or my dog(s), while my dog(s) is in the custody of, or on the grounds of or surrounding area of PDTB, all losses or damages, and any claim or demand thereafter arising from disease, theft, death, or escape, which arise in any way out of services and/or products provided by or as a consequence of my association with PDTB, regardless of whether the nature or extent of such loss, injury, or damage cannot be ascertained until some future time, and I waive my right to bring any action against PDTB or associates arising out of any such loss or damage.
2. I understand and agree that PDTB will not be liable for damage or injury caused by my dog(s). I understand that I am solely responsible for any harm caused by my dog(s) to itself, other dogs, people or property, while my dog(s) is attending PDTB. I release PDTB of any liability arising from my dog's attendance and participation at the boarding facility.
3. I understand that the boarding facility is a place where animals co-mingle in groups. I understand my animal may be placed in a crate for nap time, "time outs", if injured, or during an emergency. I understand that when dogs play in groups nicks and scratches may occur. I understand that there are inherent risks associated with my dog(s) participation at PDTB, such as contracting communicable diseases and incurring dog bites. I voluntarily assume all risks of loss, damage or injury that may be sustained by myself, my family or other visitors that accompany me to the PDTB facility, and my dog(s) while in the care of PDTB. I understand that PDTB staff may or may not notify me immediately of injuries. If the injury is not serious staff may feel it is appropriate to leave the dog until the end of the day and let me know about it when I pick my dog up. I understand that in the event of serious injury I will be notified immediately.
4. In the case of emergency or for the use of the PDTB transport services, I recognize the risks of injury that accompany said transport and acknowledge that this release is being relied upon by PDTB to permit transport of my dog(s) to and from PDTB or any other necessary location. I understand that a PDTB representative will accompany my dog during any transport and will remain with my dog in the case of an emergency until I arrive.
5. I understand that if my dog is left at the boarding facility for a period of three days without contact from the owner this dog will be considered abandoned and necessary steps will be taken to place the animal into a new home. I understand that I will be held responsible for all costs incurred during this

process, including the extended stay at PDTB. Each provision of this Agreement will be considered separable; and if, for any reason, any provision or provisions herein are determined to be invalid and contrary to any existing or future law, such invalidity will not impair the operation of or affect those portions of this Agreement which are valid.

6. OWNER agrees to pay the rate for boarding in effect the date the pet is checked into PDTB, and further agrees to pay for all costs and charges for any special services requested, and all veterinary costs for the pet during the time pet is in care of PDTB.
7. OWNER is aware that if pet is found to have fleas or evidence of fleas, that PDTB requires the pet have a flea shampoo before being admitted to the kennel and Frontline Plus or Frontline Top Spot administered. The charge for the flea shampoo and Frontline will be added to the OWNERS bill. Due to the nature of the pesticides used, there may be side effects which PDTB cannot be held responsible for. OWNER is aware that any such treatments are not guaranteed 100% effective.
8. If PET is to be boarded any time over peak and holiday periods, as posted at PDTB, I the OWNER agree that I will pay for ALL DAYS RESERVED, unless said dates are cancelled at least 72 hours prior to the day of the reservation.
9. The daily boarding charge applies the day you drop your pet off and each subsequent day the pet is here including the day in which the dog is picked up.
10. PDTB will exercise due and reasonable care for pet and will keep its facility clean and properly enclosed.
11. If pet becomes ill or if the state of the pet's health requires professional attention, PDTB, in its sole discretion, may engage the services of a veterinarian or administer medicine, or a special diet, or give other requisite attention to the pet and the expenses thereof shall be paid by the OWNER.
12. All pets are boarded by PDTB without liability on our part for loss or damage, from disease, death, running away, theft, fire, injury to persons, or other animals or property by said pet, fence climbing, or other unavoidable causes, due diligence and normal care and caution having been exercised.
13. It is expressly agreed by OWNER and PDTB that PDTB 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 pet boarded. The OWNER further agrees to be solely responsible for any and all acts or behavior of said pet while it is in the care of PDTB.
14. By signing this Contract and leaving your pet with PDTB, OWNER certifies to the accuracy of all information provided about pet, that pet is current on all vaccines required by PDTB, that pet has not been exposed to rabies or distemper within a 30 day period prior to boarding, and that OWNER is the legal owner of said pet, free and clear of all liens and encumbrances and assumes financial liability for all payments called for in this agreement.
15. This Contract contains the entire agreement between the parties. All terms and conditions of this Contract shall be binding on the heirs, administrators, personal representatives and assigns of the OWNER and PDTB.
16. Any controversy or claim arising out of or relating to this contract, or the breach thereof, or as the result of any claim or controversy involving the alleged negligence by any party to this contract, shall be settled by arbitration in accordance with the rules of the American Arbitration Association, and judgment upon the award rendered by an arbitrator may be entered in any Court having jurisdiction thereof. The arbitrator shall, as part of his award, determine an award to the prevailing party of the costs of such arbitration and reasonable attorney's fees of the prevailing party.
17. At PDTB, photographs may and will be taken of the facility, dogs and staff on a regular basis for use in advertising the services provided by PDTB. I hereby give my permission to copyright and/or use,

reuse and/or publish or post pictures of my dog(s) in color or black and white made through any media by PDTB for their purpose, including but not limited to, the use in print material, electronic media or internet usage. I waive my right to approve the finished photograph, advertising copy, print material or electronic files that may be used in conjunction with the photographs. \_\_\_\_\_

18. This Contract applies to this stay at PDTB as well as all subsequent stays for one year.

**19. This is a service that requires energy usage and time, therefore no refunds are given under any circumstance unless upon my discretion.**

I have read this agreement on this date, \_\_\_/\_\_\_/\_\_\_, understand its terms and signed it freely.

Signature of Owner or Owner's Agent: \_\_\_\_\_

Signature of PDTB Representative: \_\_\_\_\_

# Purrfect Dog Boarding Application

## Owner Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age (if under 18): \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Contact Email address: \_\_\_\_\_

Emergency Contacts: (other than yourself)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Names and phone of people you would like to be allowed to pick up your dog from PDTB:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Dog Information:

1.) Dog's Name: \_\_\_\_\_ Dog's Date of Birth: \_\_\_\_\_

Microchip#: \_\_\_\_\_ Microchip Company/Phone \_\_\_\_\_

Dog's breed or breed mix: \_\_\_\_\_

Dog Sex:  Male  Female Approximate Weight: \_\_\_\_\_

Spayed or Neutered:  Yes  No If so, at what age was this done? \_\_\_\_\_

How old was the dog when he joined your family? \_\_\_\_\_

If more than one dog, otherwise skip to Health Information.

2.) Dog's Name: \_\_\_\_\_ Dog's Date of Birth: \_\_\_\_\_

Microchip#: \_\_\_\_\_ Microchip Company/Phone \_\_\_\_\_

Dog's breed or breed mix: \_\_\_\_\_

Dog Sex:  Male  Female Approximate Weight: \_\_\_\_\_

Spayed or Neutered:  Yes  No If so, at what age was this done? \_\_\_\_\_

How old was the dog when he joined your family? \_\_\_\_\_

## Health Information :

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your dog have hip dysplasia?  Yes  No If yes, what restrictions need to be placed on your dog's activities or movements? \_\_\_\_\_

Has your dog ever been hospitalized or had any serious health issues?  Yes  No

If yes, please describe. \_\_\_\_\_

Does your dog have allergies?  Yes  No If yes, to what? \_\_\_\_\_

Does your dog have any sensitive areas on his/her body?  Yes  No If yes, please describe: \_\_\_\_\_

Does your dog have any past injuries or any current conditions?  Yes  No

If yes, please explain. \_\_\_\_\_

Has your dog had any communicable illness within the last 30 days?  Yes  No

If yes, please explain. \_\_\_\_\_

Is your dog on a flea/tick preventative?  Yes  No

If yes: Brand \_\_\_\_\_ Type \_\_\_\_\_ Frequency \_\_\_\_\_

Is your dog wormed with Heartgard Plus?  Yes  No

If yes: Brand \_\_\_\_\_ Type \_\_\_\_\_ Frequency \_\_\_\_\_

## Training/Behavior Information :

Have you or your dog had any formal training?  Yes  No

If yes, please describe (when, with who, etc.): \_\_\_\_\_

What commands does your dog know? \_\_\_\_\_

Is your dog crate trained?  Yes  No

Is s/he comfortable in the crate?  Yes  No

Is your dog allowed on the bed or furniture?  Yes  No

Would you prefer to keep them off all furniture ?  yes  No

Would it be okay to allow the dog on the bed at night?  Yes  No

How does your dog react to strangers? \_\_\_\_\_

Is your dog house trained? \_\_\_Yes \_\_\_No

Does your dog have a bathroom command? \_\_\_Yes \_\_\_No If yes, please list: \_\_\_\_\_

Does your dog bark a lot? \_\_\_Yes \_\_\_No

Does your dog dig? \_\_\_Yes \_\_\_No

Is your dog frightened by any noises? \_\_\_Yes \_\_\_No If yes, please give examples: \_\_\_\_\_

Is your dog frightened around anything else? \_\_\_Yes \_\_\_No If yes, please give examples: \_\_\_\_\_

What happens when you or someone else tries to take food or toys from your dog? \_\_\_\_\_

What happens when another dog tries to take food or toys from your dog? \_\_\_\_\_

What kind of toys does your dog like? \_\_\_\_\_

Does your dog enjoy any particular games? \_\_\_\_\_

Please rate your dog's energy level "1" being very mellow and "10" being non-stop activity. \_\_\_\_\_

Does your dog show any destructive behaviors when you aren't at home? \_\_\_Yes \_\_\_No

If yes, please give examples: \_\_\_\_\_

Is your dog defensive (lunging, growling, etc.) on leash? \_\_\_Yes \_\_\_No

Off leash? \_\_\_Yes \_\_\_No

How often do you walk your dog? \_\_\_\_\_

What other type of exercise is your dog used to? \_\_\_\_\_

Does your dog jump up on you? \_\_\_Yes \_\_\_No

On others? \_\_\_Yes \_\_\_No

Has your dog ever bitten a person? \_\_\_Yes \_\_\_No

If yes, what were the circumstances? \_\_\_\_\_

Has your dog ever jumped or climbed over a fence? \_\_\_Yes \_\_\_No If yes, how high was it and what was it made of? \_\_\_\_\_

Does your dog like to be brushed? \_\_\_Yes \_\_\_No

Bathed? \_\_\_Yes \_\_\_No

How does your dog react to having his/her nails clipped? \_\_\_\_\_

Do you use a professional groomer for your dog? \_\_\_Yes \_\_\_No

Describe any behavioral problems/idiosyncrasies/special sensitivities we should be aware of:

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**General information:**

How did you hear about us?  Veterinarian  Humane Society  Web Site  Drive By  Newspaper  Other (please specify): \_\_\_\_\_

Is there one family member that is the primary caregiver to this dog?  Yes  No

If yes, who? \_\_\_\_\_

Are there any children in your household?  Yes  No Ages? \_\_\_\_\_

How does your dog behave around other children? \_\_\_\_\_

Are there any other animals in your household?  Yes  No

If so, please list: \_\_\_\_\_

Does your dog get along well with other dogs in general?  Yes  No

Comments: \_\_\_\_\_

Does your dog play with other dogs on a regular basis?  Yes  No

Does your dog prefer to play with any specific breed or size of dog? Male vs Female?

If yes, please describe: \_\_\_\_\_

Does your dog automatically dislike any kind of dog?  Yes  No If yes, what kinds? \_\_\_\_\_

How does your dog react to puppies? \_\_\_\_\_

Has your dog ever bitten another dog?  Yes  No If yes, please describe the circumstances.

\_\_\_\_\_

Does your dog go to off-leash parks?  Yes  No

What do you feed your dog? (brand/flavor/variety) \_\_\_\_\_

Do you mind if we give your dog treats while in care?  Yes  No

Are there any types of treats you would prefer s/he not have?  Yes  No

If yes, please describe/list: \_\_\_\_\_

Are there any other issues that would affect your dog's ability to enjoy it here?  Yes  No

If yes, please explain: \_\_\_\_\_

*Thank you for taking the time to share all this information about your dog.*

*This will help us to ensure a quality experience for each dog at PDTB.*

*We at PDTB take great pride in caring for your pet in doing everything possible to ensure a happy and healthy stay here. Thank you for allowing us to enjoy your pet!*

*I certify that the information provided is true and complete to the best of my ability.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY

App complete \_\_\_\_\_ Interview \_\_\_\_\_ Computer Entry \_\_\_\_\_ Email \_\_\_\_\_

Bin Card Made \_\_\_\_\_ Eval Day \_\_\_\_\_ First Full Day \_\_\_\_\_ Photo \_\_\_\_\_

Medical Form \_\_\_\_\_ Pass Purchased \_\_\_\_\_ Referral \_\_\_\_\_

Permission to Treat \_\_\_\_\_ Client Agreement \_\_\_\_\_ Waiting List \_\_\_\_\_

# Permission to Treat Authorization Form

*This form is for your dog's protection. PDTB takes every precaution to make sure your dog is in its outmost care. But things may happen out of our control and tho we would definitely contact you, in cases that we are unable to get a hold of you, we need to know what to do. This has never happened to PDTB and hope it never does, but we need to know in case it ever did. There are many scenarios to consider and we understand that and we would use our judgment wisely, but this is your dog and would help in knowing what you would consider in an emergency case in general.*

Owner(s) name(s) \_\_\_\_\_

Dog(s) name(s) \_\_\_\_\_

If my dog becomes ill or injured, or in the event treatment is needed or advisable, as determined in the sole discretion of PDTB, to preserve the good health and well being of my dog, then PDTB shall immediately attempt to notify me by telephone at the numbers I have provided, and if I cannot be reached by telephone or if I fail to instruct PDTB regarding measures to be taken, or if an emergency situation exists, as determined in PDTB's sole discretion, PDTB is authorized to engage the services of a veterinarian or give other attention to my dog that appears advisable for the care, treatment and well being of my dog.

In the event PDTB engages the services of a veterinarian, I give the attending veterinarian permission to start medical treatment. I understand that PDTB will choose the veterinarian they deem best able to assist my dog. Depending on circumstances and the apparent condition of my dog at the time this may not be my regular veterinarian. I authorize any veterinarian PDTB chooses to care for my dog.

By checking this box, I authorize PDTB and/or the veterinarian engaged by PDTB to take all steps necessary or advisable, as determined in PDTB sole discretion, in the care and treatment of my dog.

By checking this box, I understand that I am granting PDTB and said veterinarian full authority to take all steps necessary or advisable to keep my dog alive and that I have not placed a dollar limitation on their authority.

By checking this box, I acknowledge my intention that the nature and extent of care and treatment of my dog will not be determined on the basis of my cost limits, but rather, on the best interests of my dog. I recognize this determination could lead to extreme cost. I understand that PCTB will make every effort to contact me personally, but in the event PDTB is unable to contact me, PDTB will continue with the course of treatment advised by the veterinarian regardless of cost.

\_\_\_\_\_ (please initial)

In the event that the anticipated medical expenses exceed

\$500       \$1000       \$1500      or       \$\_\_\_\_\_.

I request that PDTB or the attending veterinarian contact me for authorization before medical expenses exceeding the amount indicated above are incurred. In the event I cannot be reached and the dollar limitation set forth above has been reached, I authorize PDTB and the veterinarian engaged to humanely euthanize my dog, if, in their sole and absolute discretion, they deem that such measures are necessary to prevent unnecessary suffering by my dog. I understand that PDTB will make every attempt to contact me personally,

but in the event PDTB is unable to reach me, I understand that while PDTB and the attending veterinarian will work to keep my dog stable and comfortable until I can be reached, I further understand that this may not be possible given the dollar limitation set forth above. I understand that by limiting the amount of medical treatment that my dog will receive to a specific dollar amount, my dog may not receive the treatment necessary or advisable to fully treat its injury, illness, or otherwise to preserve its good health and well being and that further injury or death may result to my dog as a consequence.

\_\_\_\_\_ (please initial)

I agree to pay all costs incurred directly to the veterinarian chosen by PDTB to treat my dog. This authorization shall be effective during all times that my dog is in the care of PDTB.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_