



## Boarding Agreement & Policies

(Please print, complete, and bring to your appointment)

### Responsible Party Information

Responsible Party's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Veterinarian Information

Vet's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Vet Phone: \_\_\_\_\_

### Vaccinations

Please list current expiration dates for below vaccinations. Please bring a copy of shot records to your appointment.

Rabies: \_\_\_/\_\_\_/\_\_\_ Distemper/Parvo: \_\_\_/\_\_\_/\_\_\_ Bordatella: \_\_\_/\_\_\_/\_\_\_

### Tell Us About Your Pet

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

Color: \_\_\_\_\_ BirthDate: \_\_\_/\_\_\_/\_\_\_ Male  Female  Spayed/Neutered  Intact

Method of flea, tick, heartworm control:

Product Name: \_\_\_\_\_ Date Last Given: \_\_\_/\_\_\_/\_\_\_

Housebroken Yes  No  | First Time Boarder Yes  No  | Heat/Cold Sensitive Yes  No

Allergies Yes  No  | Chewer Yes  No  | Aggressive with people Yes  No

Aggressive with dogs Yes  No  | Shy Yes  No  | Hip Dysplasia/Arthritis Yes  No

Additional Notes for above: \_\_\_\_\_

Are there any other health concerns we should know about (diarrhea, medical conditions, recent surgeries, etc)?

\_\_\_\_\_

Instructions for medications while boarded, if applicable:

\_\_\_\_\_

### Feeding Schedule

Food Type/Brand: \_\_\_\_\_ How much per feeding: \_\_\_\_\_ How often? \_\_\_\_\_

Additional Feeding Instructions: \_\_\_\_\_

### Emergency Contact (other than Responsible Party)

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



## Boarding Terms of Agreement and Policies

As an inducement to Applied Canine Behaviors, LLC to board the Responsible Party's dog, the Responsible Party agrees as follows:

- ✓ Responsible Party agrees to pay the rate for boarding in effect on the day their dog is checked into Applied Canine Behaviors, LLC. Responsible Party agrees to be responsible for payment of Applied Canine Behaviors, LLC's attorney fees and costs of litigation incurred in the enforcement of this Agreement.
- ✓ Check-In before noon and pick-up after noon incurs an additional \$15.00 charge for one dog, or a \$25 charge for 2, 3, or 4 dogs, respectively. All charges must be paid in full upon pick-up of the dog.
- ✓ Boarding reservations will be charged in full if cancellation occurs within 24 hours of dropoff (within 48 hours of arrival during specified peak times). Agreeing to these terms allows us to charge you per your boarding reservation.
- ✓ Boarding charge is \$10 higher during peak times - \$50 for 1 dog, \$75 for 2 dogs, \$100 for 3 dogs, \$120 for 4 dogs
- ✓ Responsible Party hereby consents to Applied Canine Behaviors, LLC retaining the services of a veterinarian in the event their dog becomes ill or otherwise requires professional attention, as determined in the sole discretion of Applied Canine Behaviors, LLC. Any and all expenses incurred for the care of Responsible Party's dog shall be paid by the Responsible Party.
- ✓ Dogs with fleas and/or ticks will be administered medication at an additional expense charged to the Responsible Party. Dogs with fleas may be declined for boarding.
- ✓ Responsible Party hereby certifies the accuracy of all information given about their pet. Applied Canine Behaviors, LLC reserves the right to deny admittance to any dog, for any reason, and at any time.
- ✓ Responsible Party specifically represents to Applied Canine Behaviors, LLC that, to their knowledge, their dog has not been exposed to any contagious diseases within a thirty day period prior to boarding.
- ✓ All dogs must be healthy and current on all vaccinations. Responsible Party must bring a copy of their dog's updated vaccination records from their vet before they board with us to ensure their dog's safety as well as that of our other guests. Applied Canine Behaviors, LLC reserves the right to refuse to board any dog for which current records of vaccination are not presented. Responsible Party also authorizes the release of said pet's medical records from pet's veterinarian.
- ✓ Responsible Party shall be solely responsible for any injury, illness, harm or damage caused by their dog(s) to persons or property of Applied Canine Behaviors, LLC, its employees, agents, invitees, and other pets housed by or visiting Applied Canine Behaviors, LLC.
- ✓ As an inducement to Applied Canine Behaviors, LLC to enter this Agreement, Responsible Party hereby releases, and shall hold harmless Applied Canine Behaviors LLC and its employees and agents from any and all manner of injuries, damages, claims, loss, liabilities, costs or expenses, causes of actions or suits, whatsoever in law or equity, (including, without limitation, attorney's fees and related costs) arising out of or related to the boarding of Responsible Party's dog and/or services provided by Applied Canine Behaviors, LLC. Such release shall include acts or omissions of negligence on the part of Applied Canine Behaviors, LLC and its employees and agents. Responsible Party acknowledges and understands that there are certain risks involved in pet boarding, ownership, training, and care, including, but not limited to, dog fights, dog bites to humans and/or other pets and the transmission of disease. Responsible Party understands the risk involved in putting his/her pet in a boarding environment and acknowledges and accepts exclusive and sole responsibility for all medical expenses to said pet no matter the cause. Furthermore, Responsible Party hereby agrees to indemnify Applied Canine Behaviors, LLC from and against any claims, losses, damages or judgments suffered by Applied Canine Behaviors, LLC arising out of, and in connection with, the boarding of Responsible Party's dog.

The above and foregoing Terms of Agreement are accepted by Responsible Party as of the date set forth by their signature below.

Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_