

**Paw-a-day Inn K9 Suites – “Book you dog’s vacation today...”**

**Client Information Sheet**

**BOARDING**

(Please Print)



**Owner of Canine:**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact and/or Other Information\***

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

List any person authorized to pick up your pet if you cannot: \_\_\_\_\_

\*In case of an emergency we will contact you first then your emergency contact, then your Veterinarian.

**Your Pet’s Information**

**Canine #1** Name: \_\_\_\_\_ Breed & Color: \_\_\_\_\_

Sex: \_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Spay or Neutered: \_\_\_\_\_

Food Brand: \_\_\_\_\_ Amount of food & time you feed: \_\_\_\_\_

Medication information: Ask staff for medication form. A fee will be charged for all meds including supplements.

**Canine #2** Name: \_\_\_\_\_ Breed & Color: \_\_\_\_\_

Sex: \_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Spay or Neutered: \_\_\_\_\_

Food Brand: \_\_\_\_\_ Amount of food & time you feed: \_\_\_\_\_

Medication information: Ask staff for medication form. A fee will be charged for all meds including supplements.

**Canine #3** Name: \_\_\_\_\_ Breed & Color: \_\_\_\_\_

Sex: \_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Spay or Neutered: \_\_\_\_\_

Food Brand: \_\_\_\_\_ Amount of food & time you feed: \_\_\_\_\_

Medication information: Ask staff for medication form. A fee will be charged for all meds including supplements.

**Veterinarian Information**

Name/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

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

How did you hear about us? \_\_\_\_\_

**Helpful Information**

Does your pet have trouble with any of the following, if yes, please explain:

Barking? \_\_\_\_\_ Jumping fences? If yes, height of fence: \_\_\_\_\_

Breaking or bolting away? \_\_\_\_\_ Chewing? \_\_\_\_\_

Food Aggression? \_\_\_\_\_ Animal Aggression? \_\_\_\_\_

Fears? \_\_\_\_\_

Has your pet ever bitten someone, if yes, explain in detail: \_\_\_\_\_

Any other information you feel might be helpful: \_\_\_\_\_

**Health/Vaccinations**

We require a copy of your canines vaccination records prior to boarding. Vaccinations need to be administered a minimum of 5 (five) days before their stay.

Heartworm prevention brand? \_\_\_\_\_ Do you give year round? \_\_\_\_\_

Flea/tick product brand? \_\_\_\_\_ Do you give year round? \_\_\_\_\_

Does your pet have any joint, breathing or other health problems? \_\_\_\_\_

\*We require a hard copy of all vaccinations to show current Rabies, Distemper/Parvo & Bordetella from a state licensed veterinarian.

**Grooming**

It is our intent that your pet has wonderful time on vacation. During this time your pet may become dusty. Would you like your pet to be professionally groomed in our Grooming Spa (additional fee) before you check out? (Minimum of 3 week advanced notice required) YES or NO

**Health and Temperament Certification**

I, \_\_\_\_\_ (owner) hereby certify that my pet (s) \_\_\_\_\_ is/are in good health and has not been ill with any communicable conditions in the last 30 days. I further certify that my pet(s) have not harmed or shown aggressive or threatening behavior towards any person or any other pet.

Signature of owner: \_\_\_\_\_ Date: \_\_\_\_\_

# Paw-a-day Inn K9 Suites

## Boarding and Doggie Daycare Terms and Conditions Agreement

1. I understand that I am solely responsible for any harm caused by my pet while my pet is attending Doggie Daycare at Paw-a-day Inn K9 Suites or using any other services provided by Paw-a-day Inn K9 Suites.
2. I understand and agree in admitting my pet that Paw-a-day Inn K9 Suites has relied on my representation that my pet is in good health and has not harmed or shown aggression or threatening behavior toward any person or any other pet.
3. I understand and agree that Paw-a-day Inn K9 Suites and their staff and volunteers will not be liable for any problems that develop provided that reasonable care and precautions are followed. I hereby release Paw-a-day Inn K9 Suites, their staff, and volunteers of any liability of any kind whatsoever arising from my pets' attendance and participation at Paw-a-day Inn K9 Suites.
4. I understand and agree that any problem that develops with my pet will be treated as deemed best by the staff at Paw-a-day Inn K9 Suites, in their sole discretion, and that I will assume full financial responsibility for any and all expenses involved. I authorize Paw-a-day Inn K9 Suites to obtain medical records and/or treatment for my pet in the event of injury or illness from my veterinarian or from the closest veterinary clinic. By signing this document I further direct said veterinarian to provide such records upon request.
5. I understand that if my pet shows any forms of aggression to another pet, staff and/or volunteer of Paw-a-day Inn K9 Suites that my pet could be quarantined and I will be notified to pick up my pet as soon as possible.
6. I understand that if I fail to provide proof of current vaccinations or if my pets' vaccinations are found to be expired or otherwise incomplete Paw-a-day Inn K9 Suites has the right to bathe and quarantine my pet until picked up by myself or my agent, and I take full responsibility for any expenses incurred for such reason.
7. I understand that Paw-a-day Inn K9 Suites sets a high standard in pet care service. If at any time my pet needs bathed while using the services at Paw-a-day Inn K9 Suites, I assume full responsibility for said grooming.
8. If at any time while my pet is using any of the services at Paw-a-day Inn K9 Suites my pet becomes aggressive or injures any member of the staff, I assume full financial responsibility for all medical treatment received by the injured person. This includes, but not limited to such injuries as biting, scratching or knocking down.
9. I understand that if my pet bites a person while using the services at Paw-a-day Inn K9 Suites that my dog may be quarantined and the Vermillion County Animal Shelter Animal Control Officer will be notified.
10. I understand that there is a chance that my dog could still contract kennel cough even though he/she is required to have the Bordetella vaccination. I agree not to hold Paw-a-day Inn K9 Suites or its agents responsible.
11. Doggy Daycare: I understand that Paw-a-day Inn K9 Suites is a place where animals co-mingle in groups and I am responsible for the medical treatment of any injuries or any other treatment that my pet receives while at Paw-a-day Inn K9 Suites.
12. I understand and agree to adhere to the boarding check in/out times. I understand that if I check out after the posted AM check out time I will be charged for that day of boarding.
13. I understand that my pet may experience minor cuts, scratches and abrasions due to the nature of pet play. I realize that pads on paws may initially become sensitive or bothered until my pet becomes used to running on different surfaces. I also understand that my pet may become dirty from this nature of pet play. If a bath is required or requested I agree that I am responsible for the grooming expense.
14. I allow my pet to be photographed, videotaped and/or used in any media or advertising without prior approval by me. All such photographs, etc. are the property of Paw-a-day Inn K9 Suites. I certify that I have read and understand the terms and conditions set forth on this page, the application and health forms. I agree to abide by the terms and conditions and accept all terms, conditions and statements of this agreement.
15. **Deposits:** We require a \$25 deposit, in form of check, cash or Visa/MasterCard, for all boarding stays during our peak boarding times (Dec 23 to January 2; last 2 weeks of March; June 1 to August 15; Wednesday before Thanksgiving to Monday following Thanksgiving) at the time of the reservation. The deposit will be applied to your pet's stay at check out. A deposit refund will only be granted for boarding reservations cancelled a minimum of 72 hours prior to the first scheduled check in time. Deposits will be forfeited if cancellation is not made within the designated time frames.

Name of owner and pet (please print): \_\_\_\_\_

Signature of owner: \_\_\_\_\_

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

Staff member: \_\_\_\_\_ Date \_\_\_\_\_