

Boarding Agreement



Date: _____

Last Name: _____ First Name(Owner) _____

Address: _____ City _____ State _____ Zip _____

Client Email: _____

Home # _____ Cell # _____ Cell # _____

Driver's License # _____ Credit Card _____ Exp _____ CVC _____

How did you hear about us?

Internet Search Facebook Referral _____ Other _____

Exit Bath fee will be applied per dog if stay is longer than 5 days: _____ (Initial)

	Pet's Name	DOB	Weight	Breed	Color	Sex	Spayed/Neutered
1.	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

** Additional pet information sheets available*

(initial) Yes, I would like my dog to participate in group playtime. I acknowledge that my dog(s) may be co-mingling with other dogs under supervision. I accept that if my pet tries to bite a staff member or another dog, he/she will not be allowed in the playgroup for the remainder of his/her stay and will not be allowed to participate in future group playtime. I also realize that even though supervised, occasionally dogs get injured and I will be responsible for any veterinary bills incurred. I will also be responsible for any medical treatment needed if my pet gets injured during their time here.

_____**Signed** _____
_____(initial) No, I do NOT want my dog to participate in group playtime.

Has your pet ever bitten anyone? _____ If so, which pet and when? _____

Emergency Contacts _____

_____	Name	_____	Phone Number
_____	Name	_____	Phone Number

Medical/Emergency:

If my pet requires medical care during the boarding stay, I authorize **Petville Pet Hotel** to do the following (initial):

_____ Do what **Petville Pet Hotel** and the veterinarian of their choice deems necessary to try to maintain my pet's health. I will be responsible for all costs.

_____ Do NOT provide medical treatment in excess of \$ _____ at **Petville Pet Hotel's** veterinarian of choice. I understand that by selecting this option I release **Petville Pet Hotel** from all liability resulting from the inability to exceed the specified amount for medical treatment. I will be responsible for all costs.

Any Special Instructions: _____

**If you have multiple pets, or there are major differences in ages or conditions, we advise you to fill out one form for each pet.*

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Name of Veterinarian: _____

Phone Number for Veterinarian: _____

This is an agreement between Play N Stay, Inc DBA Petville Pet Hotel (Petville Pet Hotel), a pet care facility, and the **Pet Owner (Owner), or Owner's Agent**, whose signature appears below. The term **'Pet'** refers to all animals boarding with the same ownership.

Owner agrees to pay the daily boarding rate in effect on the date the pet is checked in and understands the charging procedure. Owner further agrees to pay all costs incurred for optional services requested by Owner or Owner's agent. All charges are due on or before the date the pet is to be picked up. _____ (initials)

I am acknowledging that my dog is free of parasites (round worm, hook worm, tape worm), fleas, and ticks. If parasites are found on my pet, I am authorizing **Petville Pet Hotel** to treat them as necessary at my expense. I am acknowledging that my dog is current on the required vaccinations and will provide proof of vaccination as required by **Petville Pet Hotel**.

Check-out time for boarders is 10am on Monday-Saturdays, not including holidays. Dogs leaving after this time will be charged an additional day's boarding. Deposit for holiday boarders is non-refundable. There is a 48 hours-notice cancellation policy during non-holiday reservations, and a 30 day cancellation policy for holiday reservations. _____ (initials)

Owner is aware that by leaving said pet at **Petville Pet Hotel**, or any other pet facility, said pet is at a higher risk of contracting canine cough and Feline Upper Respiratory Disease and viruses and is holding **Petville Pet Hotel** harmless of any resulting medical care. While we have taken very special care in designing our facility and maintaining a high level of cleanliness, no vaccine is 100% guaranteed. _____ (initials)

Pursuant to civil code 1834.5 I agree to pick up my pet(s) by agreed pick up date. If I fail to pick up my pet(s) by the agreed deadline and do not contact **Petville Pet Hotel** to obtain an extension, or in such an event as **Petville Pet Hotel** is unable to contact me by any of the methods of personal contact I have provided within fourteen (14) calendar days of the pick up deadline date, I understand that **Petville Pet Hotel** reserves the right to consider my pet(s) abandoned. **Petville Pet Hotel** shall try to find a new owner or humanely destroy the animal so abandoned at their discretion. _____ (initials)

Euthanasia Release: Most veterinarians will not euthanize a pet without the owner's written or verbal release. I hereby give the attending veterinarian permission to provide humane euthanasia for my pet: _____

Owner's Name: _____ Signature: _____ Date: _____

I am the legal owner or authorized agent of this dog and I agree to pay the daily boarding fee and any additional fees for all ancillary services requested. I am not aware of any medical reason or other reason why my pet should not board at this time. Additionally, I am authorizing **Petville Pet Hotel** to obtain medical records from my veterinarian in the event of a medical emergency. I understand that I must immediately contact Petville Pet Hotel and update the information on this form should the Emergency Contact, medical or any other critical information change. This agreement remains in effect until **Owner/Owner's Agent** asks to change it.

By signing this contract, the signer represents that he/she is the **Pet Owner, or Owner's Agent** and is the responsible party for these Pet(s). All terms and conditions of this contract shall be binding on the heirs, successors, administrators, personal representatives (agents) and assigns of **Pet Owner** and **Petville Pet Hotel**.

Pet Owner or Owner's Agents Signature _____ Date _____