

Smudge's Dog House Boarding/Daycare Agreement

COPY OF CURRENT VACCINATION RECORDS REQUIRED FOR EACH PET.
RABIES, DA2PP(DISTEMPER/PARVO), BORDETELLA

LAST Name: _____ First Name: _____
Address: _____ City: _____ Zip Code: _____
Client Email: _____
Cell #1: _____ Cell #2: _____ Home# _____

Authorized people to pick up your pet: _____

Dog's Name	Breed	Color	Age	Sex	Spayed/Neutered	B-Day
1: _____	_____	_____	_____	M / F	Yes / No	_____
2: _____	_____	_____	_____	M / F	Yes / No	_____
3: _____	_____	_____	_____	M / F	Yes / No	_____
4: _____	_____	_____	_____	M / F	Yes / No	_____

FEEDING Schedule:how much and how often: _____

Would you like to receive text (Pictures) Y / N Phone # _____

_____(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 other dog, he/she will not be allowed in the playgroup for the remainder of his/her stay and will now be allowed to participate in future group playtime. I also realize that even supervised, occasionally dogs get injured and I will be responsible for any veterinary bills incurred. I will also be responsible for any treatment needed if my pet gets injured during their time here.

_____(Initial) I agree to pay for any medical bills if my pet bites a staff member or other pet SIGN: _____

_____(Initial) No, I DO NOT want my dog to participate in group playtime.

Has your pet ever bitten anyone or animal? Yes / No If so, which pet and when?

Emergency Contact: _____ Phone # _____
_____ Phone # _____

Medical/Emergency

If my pet required medical care during their stay, I authorize Smudge Dog House to do the following

_____(Initial) **DO WANT** Smudge's Dog House and the **Powers Pet Emergency** deemed necessary to try to maintain my pet's health. **I will be responsible for all costs.**

_____(Initial) **DO NOT** provide medical treatment in excess of \$ _____ at **Powers Pet Emergency**. I understand that by this selecting option I release Smudge's Dog House from all liability from the inability to exceed the specific amount for medical treatment. I will be responsible for all costs.

Name of Veterinarian: _____ Phone : _____

LIABILITY WAIVER

This is an agreement between Wulfe Inc. (Smudge's Dog House) and the pet owner or owners agent, whose signature appears below. The term 'Pet' refers to all animals with the same ownership.

Can your dog be crated if needed? Yes / No

Can we use (Non Harmful) Correction Vibration Collar for excessive barking (Only if agitating other dogs) ? Yes / No

Can we give Calming Treats to your dog if nervous or anxious? Yes / No

Pet's owner agrees to pay the daily 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 the owner or owner's agent. All charges are due on or before the date the pet is to be picked up. _____(Initial)

READ AND SIGN BACK AS WELL

Duty to disclose: You must disclose on a continuing basis, any and all medical or other conditions, including but not limited to personality concerns or behavioral incidents that in Smudge's sole discretion, may affect, limit or prevent your dog's ability to participate in any Smudge's activities. _____(Initial)

Smudge's Dog House shall exercise reasonable care for the dog delivered by the Owner to us. Due to the fact that interactive daycare is provided and unless specially declined for the pet by the Owner, the Owner recognizes and accepts potential risk involved in such activity. It is expressly agreed by the Owner that Smudge's Dog House liability shall not exceed \$100 per dog. The Owner further agrees to be solely responsible for any and all acts or behavior of said dog while in the care of Smudge's Dog House, which shall include payments of all costs for injury to staff or other animals. _____(Initial)

Smudge's Dog House cares deeply for all our guests. Many dogs bark during playtime and for a short time in their kennel. However excessive barking is discouraged so that every guest is able to rest comfortably. If your dog exhibits barking during the rest of the periods, your dog may not be allowed to return.

Check-out time for Boarders is 10am daily.. Dogs leaving after this time will be charged \$3 per hour until the pet is picked up. Deposit for Holiday Boarding is non-refundable. There is a 48 hrs notice cancellation policy during non-holiday reservation and a 15 day cancellation policy for holiday reservations. _____ Initial

Pet's owner is aware that leaving said pet at Smudge's Dog House or any other pet facility, said pet is at higher risk of contracting canine cough upper respiratory disease. Pet Owner is releasing Smudge's Dog House of any resulting medical bills. While Smudge's Dog House takes great care in design and maintaining a high level of cleanliness, no vaccine is 100% guaranteed. _____(Initial)

Pet owner agrees to pick up their pet(s) by agreed pick up date. If I fail to pick up my pet(s) by the agreed deadline and do no contact Smudge's Dog House to obtain an extension, or such events as Smudge's Dog House is unable to contact me by any of the methods of personal contact I have provided within 14 calendar days of the pick up deadline date, I understand that Smudge's Dog House reserves the right to turn pet over to Humane Society for adoption. Smudge's Dog House shall try all means to contact Pet Owner before any action is taken. _____(Initial)

The following is a mandatory statement required for all Kennels licensed by the state of Colorado. In the rare and unfortunate event that your pet dies in the care of Smudge's Dog House, he/she will be taken to the owners Veterinarian (Within 10 miles) and will be maintained for pick-up or further instructions. Should Smudge's Dog House staff be unable to reach the owner after a reasonable amount of time, Smudge's Dog House management will decide upon the method of after death care the pet receives. _____(Initial)

Euthanasia Release: Smudge's Dog House will try every means to contact Pet Owner Before any decision is made. Most veterinarians will not euthanize a pet without the owner's written or verbal release. If you do NOT authorize, you may incur veterinary charges for life support care until you can make alternate arrangements.

If Smudge's Dog House can not contact Pet owner, I hereby give the attending veterinarian permission to provide humane euthanasia for my Pet: _____ & _____ & _____

Pet Owner Name: _____ Signature: _____ Date: _____

I am the legal owner or authorized agent of this Pet and I agree to pay the daily fee and any additional fees for all extra services requested. I am not aware of any medical reason or other reason why my pet should now stay at Smudge's Dog House at this time. Additionally, I am authorizing Smudge's Dog House to obtain medical records from my Vet in the event of a medical emergency. I understand that I must immediately contact Smudge's Dog House 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 Agent ask to change it.**

By signing this contract, the signer represents that he/she is the Pet Owner, or Owner 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 Smudge's Dog House. I agree to release (Wulfe Inc.) Smudge's Dog House from any liability or cost due to injury, illness or death of my Pet. I accept that if my pet bite a staff member or other dog Pet owner will be responsible for all costs. I also realize that even supervised, occasionally dogs get injured and I will be responsible for any veterinary bills incurred. I will also be responsible for any treatment needed if my pet gets injured during their time here.

Pet Owner or Owners Agents Signature: _____ Date: _____

