



Puppy Dreams - Boarding Contract

YOUR NAME _____ PET NAME(S) _____

ADDRESS _____ HOME PHONE _____

CITY, STATE, ZIP _____ CELL PHONE _____

EMAIL _____

PET AGE(S) _____ BREED(S) _____

PET BIRTHDAY(S) _____

VET CLINIC _____ PHONE _____

SEX M / F _____ SPAYED / NEUTERED Y / N _____ PET(S) WEIGHT _____

Is your pet on a special diet or special pet food? YES _____ NO _____
If yes, why is your pet on a special diet? _____

Please list any allergies your pet has: _____

Please list any allergy medication given: _____

DOES YOUR PET HAVE ANY AGGRESSION? People YES _____ No _____ Food YES _____ No _____
Other Pets YES _____ No _____ Toys YES _____ No _____

DOES YOUR PET HAVE ANY OF THESE BEHAVIORS? Chewer _____ Jumper _____ Digger _____
Escape Artist _____

Is your pet used to interacting with other dogs? YES _____ No _____

Do you give permission for your pet to interact with other dogs? YES _____ No _____

AS A RESPONSIBLE PET OWNER IT IS YOUR RESPONSIBILITY TO ALERT US TO ANY PREVIOUS AGGRESSION PROBLEMS YOUR PET MAY HAVE HAD WITH OTHER PEOPLE OR PETS. IF YOUR PET BECOMES AGGRESSIVE WHILE STAYING WITH US AND/ OR HAS HAD PREVIOUS AGGRESSION PROBLEMS NOT DISCLOSED TO US WE RESERVE THE RIGHT TO CONTACT ANIMAL SERVICES AND HAVE YOUR PET REMOVED FROM THE FACILITY IF YOU CANNOT BE CONTACTED TO PICK UP YOUR PET.

Is your pet afraid of thunder storms or fireworks? YES _____ No _____
If so, does your pet take medication to calm him/herself? YES _____ No _____ List: _____
Do you allow Puppy Dreams staff to administer natural remedies like calming treats? YES _____ No _____

Has your pet ever had any medical problems with the following:
ANXIETY _____ Medication taken for anxiety _____
SEIZURES _____ Medication taken for seizures _____
EYES _____ EARS _____ SKIN _____ LEGS/HIPS _____ ARTHRITIS _____

List any surgeries _____

List any other medical conditions _____

CHECK OUT IS 11:00AM. YOU WILL BE CHARGED FOR THE ENTIRE DAY OF BOARDING IF PICKED UP AFTER 11:00AM. PETS MUST BE PICKED UP ON THE SCHEDULED RESERVATION DATE. IF YOU DO NOT PICK UP YOUR PET ON THE DATE, THE ROOM FEE WILL BE DOUBLED THE STANDARD PRICE FOR EACH ADDITIONAL DAY.

Thank you for trusting us with your pet!



ADDENDUM TO BOARDING CONTRACT

PET NAME: _____

Initials _____ I understand that my pet is required to be fully vaccinated during time of boarding. If my pet is not current on vaccines Puppy Dreams cannot accept my pet for boarding. The necessary vaccines are as follows: Dogs - Rabies, Distemper, Parvovirus, Bordetella & Canine Influenza (H3N2 & H3N8). I also give permission to Puppy Dreams to contact my pet's veterinarian to collect current vaccine information for verification purposes only.

Initials _____ I understand that Puppy Dreams cannot be held liable for any sickness, injury, or death of my pet while boarding due to my pet not being current on required vaccines. I understand that Puppy Dreams cannot be held liable for any sickness, injury, or death of my pet while boarding due to any unforeseen circumstances / accidents.

Initials _____ Although it takes time for your pet to acclimate to their new environment, some dogs do not do well despite all our best efforts. We reserve the right to refuse services if we feel that we are not the right fit for your pet and it's affecting your pet's well-being.

Initials _____ I understand that if any emergencies arise that require veterinary care Puppy Dreams staff members will notify me and my listed Emergency Contact to coordinate taking my pet to the nearest open veterinarian to be cared for and that I alone will be responsible for the expenses incurred.

Emergency Contact Policy:

Initials _____ My listed Emergency Contact cannot be myself and must be someone local that can care for my pet in case of Emergency.

Initials _____ If my listed Emergency Contact is not able to transport my pet to the Veterinarian, a Puppy Dreams staff member will transport my pet to the Veterinarian, and I will incur a charge of **\$175.00** in addition to the expenses incurred from the Veterinarian.

Initials _____ I decline to provide a local Emergency Contact and acknowledge I will incur a charge of **\$175.00** for a Puppy Dreams staff member to transport my pet to the Veterinarian in addition to the expenses incurred from the Veterinarian.

Emergency Contact Name: _____

Emergency Contact Phone: _____

Emergency Contact Email: _____



ADDENDUM TO BOARDING CONTRACT

Initials _____ Per FS 705.19 Abandonment of animals by owner; procedure for handling: Any animal placed in the custody of a licensed veterinarian or bona fide boarding kennel for treatment, boarding, or other care, which shall be abandoned by its owner or the owner's agent for a period of more than 10 days after written notice is given to the owner or the owner's agent at her or his last known address may be turned over to the custody of the nearest humane society or dog pound in the area for disposal as such custodian may deem proper. The giving of notice to the owner, or the agent of the owner, of such animal by the licensed veterinarian or kennel operator as provided in subsection (1) shall relieve the veterinarian or kennel operator and any custodian to whom such animal may be given of any further liability for disposal. Such procedure by a licensed veterinarian shall not constitute grounds for disciplinary procedure under chapter 474. For the purpose of this section, the term "abandonment" means to forsake entirely or to neglect or refuse to provide or perform the legal obligations for care and support of an animal by its owner or the owner's agent. Such abandonment shall constitute the relinquishment of all rights and claim by the owner to such animal.

Initials _____ I wish to opt in _____ or opt out _____ to receive Puppy Dream's monthly newsletter which also contains valuable information, upcoming events, and valuable coupons from time to time.

OWNER ACKNOWLEDGES AND AGREES TO THE ABOVE STATEMENTS:

Owner Signature _____ Date _____

Witness Signature _____ Date _____

How did you hear about us? _____

If you were referred by an existing Puppy Dreams client, please let us know below.

Referred By: _____

***** For every client that completes a boarding from your referral, you will receive \$10 off your pets next overnight stay! *****

*****Must be an overnight boarding, does not apply to daycare stays or grooming appointment. *****



CANCELLATION POLICY

PET NAME: _____

We understand that emergencies and other conflicts arise that can be out of your control. However, advance notice allows us to fulfill other pet parents needs and keeps our small business operating at its most efficient level. Please call us as soon as possible to avoid any cancellation costs.

Boarding Cancellations

- Boarding cancellations within 72 hours will be charged for 1 day of your boarding cost.
- Boarding cancellations within 24 hours will be charged for 1 day of your boarding cost, plus a \$50 cancellation fee.
- No call, no show for boarding will be charged the entire cost of the stay.

Daycare Cancellations

- Daycare cancellations within 24 hours will be charged 50% of the daycare rate.
- No call, no show for daycare will be charged the full cost of the daycare.

Your email address is required for appointment reminders and cancellation verification.

If you do not receive a cancellation confirmation email within 24 hours of cancelling, please call us.

OWNER ACKNOWLEDGES AND AGREES TO THE ABOVE STATEMENTS:

EMAIL ADDRESS: _____

OWNER SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____