

Signature

BOARDING CONTRACT

NAME	OF PETS(S):		DATE	IN: D	ATE OUT:		
REQUIREMENTS FOR BOARDING:							
 RECENT EXAM WITH <u>ANIMAL HOSPITAL OF EAST DAVIE</u> WITHIN PAST 12 MONTHS CURRENT ON DISTEMPER PARVO, RABIES, BORDETELLA VACCINATIONS UP TO DATE ON HEARTWORM/FLEA/TICK PREVENTION 							
PLEASE CIRCLE ONE:							
Lu.	xury Suite:	Luxury Run:			Cat Room:		
\$4	5 per night	\$40 per night	Premier Run:	Basic Kennel:	\$19 per night		
	aytime and 24 our webcam access)	(playtime and 24 hour webcam access)	\$35per night	\$25 per night	(\$12 per additional cat)		
	*\$20 per additional dog in a suite, run, or kennel						
	**Limit of pets per area: 3 dogs less than 40 lbs. or 2 dogs over 40 lbs						
DROP OFF POLICY:							
 OWNER MUST DROP OFF DOGS IF HE/SHE CANNOT MAKE IT, THEY MUST COME BY BEFOREHAND TO SIGN PAPERWORK AND PRE-PAY 							
RESERVATIONS:							
 A NON REFUNDABLE \$75 DEPOSIT IS REQUIRED AT TIME OF BOOKING ANY UNUSED NIGHTS ARE NON REFUNDABLE 							
PLEASE MARK ALL THAT APPLY:							
Feed my pet your Purina EN Formula Food: Once Daily Twice Daily							
Feed my pet his/her own food with these instructions:							
If my pet runs out of their own food <u>OR</u> does not eat their own food they will be fed Purina EN dry or canned food while here							
LOCAL	EMERGENCY CON	TACT INFORMATION:	Sunday Pick-up:	2-6:00 PM			
NAME:			Davie Dog House	e: (336)940-3701			
	IONE NUMBER: SSION TO PICK UP	: YES/ NO					

Date

your pet.(Limited to Food, treats, meds, 1 be	d <u>or</u> blanket and 1 toy)
NAME OF PET(S):	
Has your dog ever been in an outdoor, off-lo	eash environment before? YES NO
Is your dog DOMINANT or SUBMISSIVE with	people? (circle one)
Is your dog aggressive towardsmen	_catsother dogs?
Is your dog an escape artist? YES NO If YES, check all that apply JUMPS FENCES OPENS LATCHES DIGS UNDER FENCES	QUICKLY BOLTS OUT OPEN DOORS
Special handling/Other notes: (ev. special o	uirks, deaf/blind, object guarding, dog aggression, storm anxiety,
separation anxiety, hiding places, fears/pho	
PLEASE READ AND INITIAL EACH SECTION:	
	re and has stress colitis or loss of appetite the kennel staff will be instructed escribed by a Doctor if needed and you may not be contacted.
	colitis) while boarding, (CIRCLE ANY AND ALL THAT APPLY)
	nostics are necessary to make my pet healthy
	ratory tests. I understand if the doctor cannot reach me, she will use her
, -	ithout permission, and will be responsible for the charges. give the doctor permission to use her judgment if my pet is suffering to not
resuscitate or use heroic measur	
I acknowledge that although Davie Do	ng House takes precautions to keep my dog safe and enclosed on its
properties at all times, I am aware that some	e dogs are very quick, agile, and determined when in new situations to
	og House responsible in any way if my dog should successfully escape. I
-	r illness in any off-leash fenced environment. I recognize and assume all
risks associated with outdoor playtime, inclu	ding injuries from rough play and both viral and bacterial contagions.

List ALL of your pet(s) belongings including food. We do not claim responsibility for any damaged or lost items left with



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I assume full responsibility for my dogs at all times. I agrage to hold the Davie Dog House parties harmless. This agree Dog House and yourself and your pet. Each time you bring you agreement, and the truthfulness and accuracy of all statement	r dog to the Davie Dog House, you affirm the terms of this
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NAME: TELEPHONE NUMBER: PERMISSION TO PICK UP: YES/ NO	Davie Dog House: (336)940-3701
Signature	Date