



# DOG BOARDING INTAKE FORM

## CLIENT INFORMATION

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Date \_\_\_\_\_ Full Name (Pet Owner) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Preferred Method of Contact Email   Text  Call

How did you learn about our services? \_\_\_\_\_

Other person's authorized to pick up your pet? \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

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### VETERINARY INFORMATION

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Name of Veterinary Clinic \_\_\_\_\_

Address \_\_\_\_\_

Phone Preferred Doctor? \_\_\_\_\_

Is this clinic open 24 hours, 7 days a week? \_\_\_\_\_

If no, what Animal Hospital do you prefer? \_\_\_\_\_

Hospital Address \_\_\_\_\_

Hospital Phone \_\_\_\_\_

Does your pet have an insurance policy? If so , please detail below

\_\_\_\_\_

\_\_\_\_\_





# Dusty Butts Bed and Bath Boarding Contract and Agreement

Date \_\_\_\_\_ Full Name (Pet Owner) \_\_\_\_\_

Pet Name \_\_\_\_\_ Breed \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

## **Vaccination Policy:**

To insure the protection of all pets under our care, we require written proof of the following vaccinations. Please include the dates given:

Rabies: DA2PP+C: Bordetella (within 6 months): \_\_\_\_\_

## **Playtime:**

My pet plays well with others and I would like him/her to have the opportunity to play with others pets. I recognize that there are potential risks involved in such interactions and hold the staff and the Dusty Butts Bed and Bath free of any and all liability.

My pet does not play well with others and would prefer not to have playtime shared with other pets.

## **Multiple Pets Boarding Together:**

I authorize Dusty Butts Bed and Bath to board my pets together and request that they share a kennel and outdoor run. Any injuries that may arise will be treated by a veterinarian and I will be responsible for any and all Charges.

## **Medical Treatment Policy:**

If my pet becomes ill or if the state of the animal's health otherwise requires professional attention, Dusty Butts Bed and Bath, in its sole discretion, may engage the services of a veterinarian or administer medicine or give other requisite attention to the animal, and the expenses thereof shall be paid by me, the owner. This includes diarrhea, vomiting, coughing, and any other illness or injury. In the unlikely event that my pet should pass away during his stay, I understand that the staff will make every effort to reach me. The remains will be held until there is contact with the owner and directions are given as to disposition.

## **Abandonment:**

I fully intend to pick up my pet(s) on the date specified. I will notify staff of any new pickup date. If there is no contact from the owner within 7 days after the scheduled pickup date, said pet(s) will become the property of Dusty Butts Bed and Bath. Thus all rights to the pet, including disposition, become the rights of said kennel. Owner remains responsible for any and all fees.

Pet Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pet Boarder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Dusty Butts Bed and Bath Boarding Release form

## **Release and Indemnification:**

I understand and acknowledge that pets can be extremely unpredictable in behavior and while Dusty Butts Bed and Bath performs its services, the chance of injury to my pet is possible. I assume all risks related to Dusty Butts Bed and Bath services to my pet(s) including but not limited to: illness, bodily injury, death, theft, bites, natural disasters, the unavailability of emergency medical care, or the negligence or deliberate acts of third parties.

I agree not to sue and hereby release from liability Dusty Butts Bed and Bath, its owners, agents, employees and other persons or entities involved with the services offered by Dusty Butts Bed and Bath, from all actions, claims or demands for injury, loss or damages regardless of the cause.

It is the intention of the parties to this agreement that the forgoing releases shall be effective as a bar to all actions, fees, damages, losses, claims, liabilities, demands, or debts whatsoever, or any nature of kind, known or unknown, suspected or unsuspected, arising out of the performance of Dusty Butts Bed and Bath services. The parties to this agreement expressly consent that this release shall be given full force and effect in accordance with each and all of its express terms and provisions.

In no event shall Dusty Butts Bed and Bath, the kennel owner, or the staff be liable for illnesses or injury that arise during the pet's stay or after such pet has left the facility.

**The boarding facility, staff nor doctors will be held liable for any injury, escape, or death of the pet(s). I also realize that 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 ingests or gets injured by any material or objects from items left by me for my pet to have in his/her kennel.**

**ALL CHARGES ARE DUE AND PAYABLE BY THE OWNER AT THE TIME OF PICK UP.**

**I HAVE READ AND UNDERSTAND THIS AGREEMENT.**

SIGNATURE OF OWNER : DATE: \_\_\_\_\_

SIGNATURE OF KENNEL REP: DATE: \_\_\_\_\_

Phone : (803) 992-4514

2086 Chestnut St Hickory Grove, SC 29717