



Boarding/Day Care Agreement

PLEASE READ CAREFULLY:

American K-9 Doggie Day Care and Training, LLC (“American K-9”) agrees to exercise due diligence and reasonable care, and to keep the premises sanitary and properly enclosed. All dogs are handled or cared for by American K-9 staff without liability on American K-9’s part for loss or damage from disease, theft, fire, death, escape, injury or harm to persons, other dog(s) or property by said dog(s), or from other unavoidable causes, due diligence and care having been exercised. (____ initial)

OWNER UNDERSTANDS THE RISKS INVOLVED IN “FREE PLAY” AT DAY CARE AND ACCEPTS THAT SOME INJURIES MAY RESULT FROM SUCH INTERACTIONS. The American K-9 staff, in its sole discretion, reserves the right to treat such injuries (a) onsite, or (b) have the pet seen by a veterinarian if it is deemed that such injury requires veterinary care. The owner acknowledges that all costs relating to veterinary care of the dog shall be borne by the Owner, and American K-9 shall be reimbursed promptly for any advances made. All dogs must be spayed or neutered by 6 months of age to participate in daycare. (____ initial)

American K-9 reserves the right to refuse any dog. (____ initial)

Owner agrees that their pet may be videotaped, photographed, and recorded. American K-9 shall be the exclusive owner of the results and all proceeds of such tapings, photography, and recordings with the rights, throughout the world, and unlimited number of times in perpetuity, to copyright, to use and to license to others in any manner. The Owner further agrees that the dog may be used in any and all media and in the promotion, advertising, sale, publicizing, and exploitation of American K-9. (____ initial)

We will not be responsible for any lost or damaged belongings. Please do not leave any toys or beds that you do not want to get damaged. Dogs may act differently here than they do at home and may urinate/defecate on their beds or chew their toys. We will NOT permit rawhide and/or rope toys. (____ initial)

Medical Care:

The dog must be current on the following vaccinations: Distemper, Hepatitis, Parvo, Bordetella and Rabies (Rabies required by the age of 16 weeks). Valid proof of vaccinations from a veterinarian must be presented before pets can be dropped off for day care, boarding or training. Further, Owner agrees that dog will remain current on all vaccinations and provide proof to American K-9 of maintenance. Owner also agrees to keep the dog on heartworm preventative as well as flea and tick preventative. Pets arriving with fleas/ticks will be denied boarding / day care. (____ initial)

If, in our judgment, your pet requires immediate medical care due to illness or injury and we are unable to reach you or the emergency contact, we will take your dog to a veterinarian or animal hospital. Please perform whatever services the doctor deems necessary for the best care of my dog until I or my authorized agent can be reached. I authorize up to the following amount:

\$300.00 _____ \$500.00 _____ \$1,000.00 _____ Unlimited _____

By initialing here, you agree to be solely responsible for the payment of all medical bills for your pet and you release American K-9 Doggie Daycare and Training Center, its officers, directors, agents, and employees of and from any and all responsibility for, or claims, damages, debts, arising out of or related to such medical care, including, but not limited to, transportation to/from the veterinary clinic and choice of veterinarian and animal hospital. (____ initial)

Financial Arrangements:

I certify that I am the legal owner of the dog(s) being boarded and/or in day care. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges are due upon drop off/or release of dog. I understand that payment can be made in the form of cash, check, MC, Visa, Discover, or American Express. I fully intend to pick up my dog on the date specified. If circumstances change, I will notify American K-9 of a new pick up date and will pay in full the charges that were incurred at that time. I understand that if no notification of a delay is given, my dog will be considered abandoned after 3 days and will become property of American K-9. (____ initial)

Owner shall remain liable for complete boarding / day care bill as well as other charges incurred in the care and maintenance of said listed on this contract. It is expressly agreed by the Owner and American K-9 that American K-9's liability shall in no event exceed the lesser of the current tangible value of a pet of the same breed or the sum of \$200.00 per animal. The owner further agrees to be solely responsible for any and all acts or behavior of said pet while in the care of American K-9. The Owner of the dog agrees to pay reasonable attorney fees incurred by American K-9 in the collections of any day care, training, or other charges incurred by the Owner of the dog. (____ initial)

Owner agrees to pay the rate for boarding / day care in effect on the date the pet is checked into American K-9. Prices are subject to change at any time, without notice. No pet will be released until all charges (including advances for medical costs) are paid in full. Late cancellation fees may also be applied for reservations cancelled after 7:00 am on the day prior to the scheduled reservation. American K-9 shall have, and is hereby granted, a lien on the pet for any and all unpaid charges resulting from boarding, day care and/or training at American K-9. (____ initial)

If any fleas/ticks are observed on the dog while boarding and/or day care they will be treated at the owner's expense. (____ initial)

Owner agrees that the dog will be picked up from day care by Owner or a pre-approved owner's agent by 7:00 pm late charges will be imposed for late pickup up to 15 minutes then the dog will be boarded for the night at owner's expense. (____ initial)

Print Name

Signature

Date



American K-9

Doggie DayCare and Training Center

Boarding /DayCare Application

BOARDING ONLY

DAYCARE ONLY

BOARDING WITH DAYCARE (Will Need Additional Forms)

OWNER INFORMATION (Please Print)

Name _____
 Address _____
 City _____ State _____ Zip _____
 Email _____
 Home Phone _____
 Cell Phone _____
 Work Phone _____

EMERGENCY CONTACT INFORMATION

Name _____
 Home Phone _____
 Cell Phone _____
 Work Phone _____

PET INFORMATION

Name _____ Breed _____
 Sex _____ Age _____ DOB _____ Spayed/Neutered (Y/N) circle one.
 Does your pet have any recent or current medical conditions? YES NO
 If yes, please describe: _____

Is your pet taking heartworm preventative? YES NO
 Is your pet taking any other medication? YES NO
 Please list: _____
 Please list any flea/tick preventative products your pet is using: _____
 Feeding Instructions _____
 Medication Instructions _____

****If YES, complete Medication Information Form****

Temperament: _____
 Food Aggression: _____ Yes _____ No
 Boarded Before: _____ Yes _____ No (If yes, were there any issues?) _____

Walks: _____ 1 _____ 2 _____ None (\$5 for each 2 mile walk)
 Daycare: _____ Yes _____ No If Yes What Days? _____
 Grooming: _____ Yes _____ No (If yes, will need additional form)



American K-9

Doggie DayCare and Training Center

Boarding/DayCare Application

VETERINARIAN INFORMATION

Name _____

Location _____

Telephone _____

Please include proof of vaccinations from Vet



American K-9

Doggie DayCare and Training Center

Boarding/ Daycare Dog Medication Information

****ALL MEDICATION MUST BE IN THE ORIGINAL LABELED PILL BOTTLE WHEN BROUGHT IN FOR USE DURING YOUR DOGS STAY. PLEASE DO NOT BRING MEDICATIONS IN ZIP LOCK BAGS OR PRE-MIXED INTO YOUR DOG'S FOOD.****

DOG & MEDICATION INFORMATION

(Please Print)

Name: _____

Age: _____

Breed: _____

Please list all current medications your dog is taking

Medication Name: _____

Dosage: _____

Purpose (Allergies, Steroids, etc.) _____

Administration instructions for medication listed above:

Medication Name: _____

Dosage: _____

Purpose (Allergies, Steroids, etc.) _____

Administration instructions for medication listed above:

Medication Name: _____

Dosage: _____

Purpose (Allergies, Steroids, etc.) _____

Administration instructions for medication listed above:

Signature

Date