



## **Dog Boarding & Daycare Agreement Form**

PAWS Pet Concierge | 515 E Chatham St, Cary, NC 27511 | 919-601-0233

I hereby certify that my dog(s) is/are in good health, have not been ill with any communicable diseases or parasites in the last thirty (30) days, and have not harmed nor shown aggressive nor threatening behavior towards any person or any other dog. I have also read and understand and agree to the following:

1. I understand that Paws Pet Concierge Services is an open-play environment and because of this there are inherent risks which even when closely monitored, may result in the following.
  - a. Injuries, usually benign, such as broken nails, sore pads, puncture wounds, abrasions and cuts, particularly in shorter coated breeds etc.;
  - b. Transfer of a communicable illness such as, but not limited to, “kennel cough”, also known as the Bordetella virus, “puppy warts” also known as the canine papillomavirus, or parasites;
  - c. Behavioral problems.
2. If health or behavioral problems develop with my dog(s), that these will be treated as deemed best by the staff of Paws Pet Concierge Services within their sole discretion, and that I assume full financial responsibility for any and all expenses involved.
3. Paws Pet Concierge Services and their staff will not be liable for any health or behavioral problems that develop in my dog(s), and I hereby release them of any liability of any kind whatsoever arising from my dog(s) attendance and participation at Paws Pet Concierge Services.
4. I am solely responsible for any harm, including to any other dog(s), to the employees or invitees of Paws Pet Concierge Services, or to the equipment, physical plant, or other property of Paws Pet Concierge Services, caused by my dog(s) while my dog(s) is/are attending Paws Pet Concierge Services.
5. Photographs or other graphic, sound or other image, likeness, recording, etc., may be made of my dog(s) by Paws Pet Concierge Services and that such may be used for any purpose without compensation, and I release to Paws Pet Concierge Services all rights that I may possess or claim to such image, likeness, recording, etc.
6. Payment is expected when services are rendered. If any amounts remain due after thirty (30) days, Paws Pet Concierge Services reserves the right to impose interest at the rate of 1 percent per month until paid. If Paws Pet Concierge Services pursues collection proceedings, I will pay reasonable attorneys’ fees and costs of collection.
7. I have received, read, understood and agreed to the terms outlined in the Paws Pet Concierge Services document, and I have read and understood all the terms of this agreement

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## **Dog Boarding & Daycare Rules and Guidelines**

To help maintain our high quality service and provide a safe experience for your dog, PAWS Pet Concierge Services has established general rules and guidelines.

1. All dogs will be checked upon arrival for fleas. If fleas are found, a Capstar will be administered at the pet owner's expense.
2. All dogs must be at least 3 months old to be admitted to daycare.
3. All dogs must have up to date vaccinations for rabies, DHLPP, and Bordetella are required.
4. There is no need to bring toys, beds, or other personal items. PAWS Pet Concierge Services provides these.
5. Your pet's food must be brought in resealable containers such as Ziploc bags or Tupperware containers. Commercial dog food bags or paper bags are not allowed.
6. Your dog's name and feeding instructions must be labeled on the resealable food containers.

## **Dog Boarding & Daycare Enrollment**

The enrollment form below will ensure we provide your dog with the best care possible while staying at PAWS.  
PAWS must have proof of Rabies, Bordetella, DHLPP vaccinations.

### **Client Information**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile number: \_\_\_\_\_ Home number: \_\_\_\_\_

Work number: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred contact method? (circle one) Email / Text / Call

Emergency contact name & number: \_\_\_\_\_

Who else has permission to pick up your pet from us? Contact name & number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Pet Information**

*If you have multiple dogs, separate with commas and use the same order throughout*

Dog(s) Name: \_\_\_\_\_ Age: \_\_\_\_\_

Weight: \_\_\_\_\_ Breed: \_\_\_\_\_

Color/Markings: \_\_\_\_\_

Gender (unaltered female, spayed female, unaltered male, neutered male): \_\_\_\_\_

\_\_\_\_\_

### **General/Medical History**

Any previous serious illnesses or surgeries? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Any pre-existing medical conditions? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any allergies? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**Veterinarian Information**

Animal Hospital Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Rabies Expiration Date: \_\_\_\_\_

Bordetella Expiration Date: \_\_\_\_\_

DHLPP Expiration Date: \_\_\_\_\_

**Feeding Instructions**

Feeding Schedule (circle all that apply) Breakfast / Lunch / Dinner

Please describe feeding instructions (amount per meal, treats, etc) \_\_\_\_\_

\_\_\_\_\_

Does your pet need to be given medication while being boarded? If yes, please list specific instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your dog display food aggression? \_\_\_\_\_

**Behavior**

*For those with multiple dogs, write the name of the dog that pertains to the question next to your circled answer*

Has your dog ever bitten another person or dog? If yes, please describe the situation: \_\_\_\_\_

\_\_\_\_\_

Is your dog friendly towards adults, both male and female? If no, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your dog fearful of noises or sudden movements? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your dog fearful and/or aggressive toward dogs? (circle one) Yes / No / Unsure

Is your dog toy aggressive? (circle on) Yes / No / Unsure

Does your dog have separation anxiety when left alone? (circle one) Yes / No / Unsure

Do you consider your dog to be an escape risk? (circle one) Yes / No / Unsure

Has your dog ever jumped/climbed over a 5 foot fence or barrier? (circle one) Yes / No

Has your dog ever socialized with a large group of dogs? (circle one) Yes / No

Is there anywhere on your dog's body that they do not like to be touched? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Comments**

Please list any additional information that will help us to provide care for your pet: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Veterinary Instructions and Release Form

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Pets Names: \_\_\_\_\_

Colors/Markings: \_\_\_\_\_

Ages: \_\_\_\_\_

Medical Conditions/Medications: \_\_\_\_\_

\_\_\_\_\_

*If any pet(s) named above become ill or are injured, I request that PAWS Pet Concierge Services take the pets to:*

Animal Hospital Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*If veterinary treatment is required, I give permission for PAWS Pet Concierge Services to approve said treatment up to \$ \_\_\_\_\_*

I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount.

If the veterinary office named above is not available, I authorize PAWS Pet Concierge Services to take my pet to another veterinary office for treatment. I understand that PAWS Pet Concierge Services cannot be held responsible for the results of the veterinary treatment or the loss of my pet.

*This agreement is valid starting on the date below whenever PAWS Pet Concierge Services cares for my pet:*

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_