DOG NAME(s) DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

**WAIVER**

I understand this is a cage free facility and my dog(s) may engage physically with another dog.

I understand that my dog(s) may suffer from muscle fatigue and/ or sore pads due to excessive play during the boarding period.

Due to the unpredictable nature of dogs, I understand the risk my dog(s) are subject to when in a cage fee environment; even if all dogs have already been assessed.

CUSTOMER NAME

 (Please Print)

SIGNATURE

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Vaccinations:**

Pet Name: \_\_\_\_\_\_\_\_\_\_\_\_ Bordetella Due: \_\_\_\_\_\_\_ DHLP-PV Due: \_\_\_\_\_\_\_ Rabies Due:\_\_\_\_\_\_\_

Pet Name: \_\_\_\_\_\_\_\_\_\_\_\_ Bordetella Due: \_\_\_\_\_\_\_ DHLP-PV Due: \_\_\_\_\_\_\_ Rabies Due:\_\_\_\_\_\_\_

Pet Name: \_\_\_\_\_\_\_\_\_\_\_\_ Bordetella Due: \_\_\_\_\_\_\_ DHLP-PV Due: \_\_\_\_\_\_\_ Rabies Due:\_\_\_\_\_\_\_

Pet Name: \_\_\_\_\_\_\_\_\_\_\_\_ Bordetella Due: \_\_\_\_\_\_\_ DHLP-PV Due: \_\_\_\_\_\_\_ Rabies Due:\_\_\_\_\_\_\_

**Additional Pets:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_ /Age: \_\_\_\_\_\_\_\_

Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male / Female Neutered / Spayed

Color: \_\_\_\_\_\_\_\_\_\_\_\_\_ Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tattoo / Microchip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any illnesses and medical conditions. / List all Medications. /Describe your pet’s behaviors, like or dislikes and/or any fears and habits. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_ /Age: \_\_\_\_\_\_\_\_

Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male / Female Neutered / Spayed

Color: \_\_\_\_\_\_\_\_\_\_\_\_\_ Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tattoo / Microchip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any illnesses and medical conditions. / List all Medications. /Describe your pet behaviors, like or dislikes and/or any fears and habits. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Agreement**

**Over Night Guest Pick-up is at 12pm, Late Pick-ups from 12pm to 4pm will be charged half day of daycare $8.00 Pick-ups after 4 pm will be charged a full day of daycare $15.**

This is a contract between A Box of Barks Resort and Daycare (hereinafter referred to as facility) and the pet owner whose signature appears above (hereinafter referred as Owner)

* The owner certifies the accuracy of all information Owner has conveyed about owner’s pet to the Facility.
* Owner specifically represents to the facility that Owner’s pet has not been exposed to rabies, distemper or any other contagious or communicable disease within a thirty-day period prior to being left for boarding, daycare, grooming. Owner agrees to notify Facility of any exposure to any virus, infection, or other transferable illness and will not bring pet to Facility until pet is symptom free for a reasonable period to be determined by pet’s veterinarian or until written approval is obtained from a veterinarian. Owner further agrees not to bring pet to Facility if pet is exhibiting any signs of illness that may be harmful to other dogs in attendance, such as: vomiting, diarrhea, extreme lethargy, etc. without first obtaining approval from Facility.
* Owner represents to the Facility that all credit card information Owner has provided to the Facility is accurate. Owner further represents that all information Owner has provided to the Facility about Owner is accurate, and that Owner is over 21 years of age.
* Owner specifically represents that he or she is the sole owner of the pet (which Owner is delivering to the Facility pursuant to this Contract, free and clear of all liens and encumbrances.
* Owner agrees to pay at the rate for daycare and/or boarding in effect on the date Owner Checks Owner’s pet into the Facility as listed in the Facility.
* Owner agrees that if Owner’s pet becomes ill or if the state of the pet’s health otherwise requires professional attention, the Facility, is its sole discretion may engage the services of a veterinarian or administer medicine or other requisite attention to the pet and the expense thereof shall be paid by the Owner. Owner gives consent to the Facility to act in the Owner’s behalf in obtaining emergency veterinary care Owner’s expense if deemed necessary by the Facility or any of its employees. Owner agrees to indemnify and holds the Facility and its employees harmless from said expenses.
* Owner agrees to pay all charges for special services requested, all veterinary costs for pet during the time said pet is in the care of the Facility.
* Owner agrees that the Facility may collect amounts owed due by Owner due to Owners failure to comply with the Facility Cancellation Policy by charging such amounts to Owner’s credit card (data concerning which Owner has supplied to the Facility). All other charges incurred by Owner shall be payable upon pick-up of Owner’s pet, or when billed by Facility an address of Owner listed in the Contract. Owner further agrees that the Facility shall have the right to refuse to release Owners pet to Owner until Owner has paid all charges resulting from boarding, daycare, grooming or any other services provided by Facility.
* Owner assumes any and all expenses or liability for injuries the Owner’s pet may inflict upon any human or other pet while in the Facility. Owner agrees to indemnify and holds the Facility and its employees harmless from any and all expenses and liability incurred as a result of injuries Owner’s pet inflicts upon any human or other pet while in the Facility.
* Owner hereby grants the Facility the right to take photographs of the Owner’s pet while the facility is caring for Owner’s pet, and to post or reproduce any and all photographs taken (as well as Owners pet’s name) on or in, without limitation, the Facility’s website promotional materials and Merchandise, without becoming liable to the Owner (or the Owner’s pet) for any royalty payment of any kind. OWNER HEREBY RELEASES COVENANTS NOT TO SUE, AND FOREVER DISCHARGE THE FACILITY OF AND FROM ANY AND ALL CLAIMS, DEMANDS, RIGHTS, AND CAUSES OF ACTION OF WHATEVER KIND AND NATURE INCLUDING, BUT NOT LIMITED TO, APPROPRIATION OF THE PICTURE OR NAME OF OWNERS PET FOR COMMERCIAL ADVANTAGE, PUBLICATION OF FACTS PLACING THE OWNER AND/OR OWNERS’S PET IN A FALSE LIGHT, AND PUBLIC DICLOSURE OF PRIVATE FACTS ABOUT THE OWNER AND/OR OWNER’S PET ARISING OUT OF OR RELATING TO ANY PHOTOGRAPHING OF OR USE OF PHOTOGRAPHS OF OWNER’S PET PURSUANT TO THE AUTHORITY OWNER HAS GRANTED THE FACILITY IN THE SENTENCE IMMEDIATELY PRECEDING THIS SENTENCE.
* The Facility shall exercise reasonable care for the Owner’s pet while Owners pet is in the Facility’s custody. The Owner recognizes the potential risks involved with group play/dog daycare, boarding, and grooming due to the unpredictable nature of dogs.
* Facility reserves the right to change the level or type of daycare/boarding or remove the pet from play group, if in its sole discretion it is believed necessary to ensure the safety of the pet, other dogs, or its employees.

**Signatures:**

Pet Owner A Box of Barks Resort and Daycare

Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_ Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A Box of Barks Resort and Daycare

456 Madrin Street

Twin Falls Idaho 83301

(208) 734-0056

**Client Profile:**

Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Required for reservation confirmations)**

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Credit Card Information**: (optional)

VISA MC AMEX DISCOVER #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXP: \_\_\_\_\_\_\_\_\_\_\_

**Pet Profile:** (For multiple pets, please use last page)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_ /Age: \_\_\_\_\_\_\_\_

Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male / Female Neutered / Spayed

Color: \_\_\_\_\_\_\_\_\_\_\_\_\_ Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tattoo / Microchip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterinarian Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Treating Veterinarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any illnesses and medical conditions. / List all Medications. /Describe your pet’s behaviors, like or dislikes and/or any fears and habits. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(IF ANY OF THE ABOVE INFORMATION CHANGES, PLEASE NOTIFY US IMMEDIATELY)