



BOOTHBAY CANINE DAYCARE & BOARDING, LLC

653 Wiscasset Road, Boothbay, ME 04537

(207) 633-DOGS [3647]

Email: boothbaycanine@gmail.com Website: www.boothbaycanine.com

Daycare & Boarding Application & Service Agreement

General Requirements

1. Prior to Daycare Service a “Meet and Greet” is required to get to know your dog with and without you, in order to determine if your dog will fit in well and be happy in our kennel.
2. All dogs must be on a leash when entering or leaving Boothbay Canine Daycare & Boarding, LLC (herein referred to as “Boothbay Canine” or “BBK9”).
3. All dogs MUST be on a year-round flea and tick prevention program of a nature that is satisfactory to Boothbay Canine.
4. All dogs MUST be current with the following vaccinations: Canine Distemper/Parvovirus (DHPP), Rabies, and Bordetella (“Kennel Cough”). **We require vaccination certification from your veterinarian in advance of your dog’s stay.**
5. Client must supply enough food, treats, and any needed medications or supplements for the duration of the dog’s stay.
6. All socialized dogs are welcome, while unacceptable dogs are those that display aggression in the presence of toys, people, or other dogs, excessively mount other dogs or excessively bark.
7. Dogs must be a minimum of 4 months old.
8. All dogs one-year-old and older must be neutered or spayed – no exceptions.
9. Dogs exhibiting “being under the weather” (e.g., coughing, runny eyes, diarrhea), or known to have a contagious disease, should not be brought to Boothbay Canine, and will therefore not be admitted for daycare or boarding.
10. We accept **CASH or CHECK only** so please plan accordingly.

Hours of Operation

Boothbay Canine is open:

Monday - Friday 7am-6pm

Saturday/Sunday - Closed for Daycare (Boarding Dogs Only)

Pick-up: Between 8-10am and 2-5pm Only

Basic Rate Structure

Daycare

- “The One or Two Timer” Flat Rate per Visit = \$50
- Full Day (up to 9 hours) = \$35
- Half Day (up to 5 hours) = \$25

Boarding

Our Standard Boarding Policy is:

- Drop Off is to be between 2-3 pm
- Pick Up is to be before 10 am

The fee for boarding is \$50 per night. Note, if two dogs from the same family are staying together **in the same kennel**, the second dog will receive a discount of \$5 per night.

On Pick Up Days

If pick up is after 10 am, there will be a charge of \$20 assuming BBK9 has the room to house a late pickup dog on any particular day.

On Drop Off Days

If drop off is before 2 pm or after 3 pm there is a charge of \$20 assuming BBK9 has the room to add an early/late arrival dog on any particular day.

*Client understands that these charges will be assessed upon final check-out for providing daycare services for the extended time beyond our Standard Boarding Policy.

Special Needs Dogs

An additional charge may be assessed depending on each individual circumstance and dog needs. These charges will be discussed with the client in advance of the boarding.

Special Needs Dogs Include Those Dogs That:

- Require excessive medication administration (more than one medication daily, medication administered more than 2 times a day, medicine requiring an injection, topical application, bandaging, etc.)
- Require physical help to function normally (have trouble walking, getting up or using ramps, braces or other aids)
- Have behavioral issues that require more attention paid to them on a regular basis (extremely nervous or anxious dogs, etc.)

Boarding Deposit and Cancellation Policy

*A \$50 deposit is required per dog for **all** boarding reservations that are not subject to our vacation policy. We require notification of **boarding cancellation at least 48 hours prior to the first day** of boarding. The deposit is nonrefundable without this required 48-hour notification.*

Holiday & School Vacation Policy

At the time of creating a reservation for any holidays or school vacation weeks, a **nonrefundable** \$50 per dog deposit is required to hold these reservations. Reservations that do not accompany this deposit cannot be held.

This pertains to the following holidays and school vacations:

- New Year's Day
- Memorial Day Weekend
- Week of July 4th
- Labor Day Weekend
- Columbus Day Weekend
- Thanksgiving Week
- Christmas Week
- School Vacation Weeks (February and April)

PARENTAL INFORMATION

Dog Owner _____ *Emergency #* _____

Address _____

City _____ *State* _____ *Zip* _____

Home Phone # _____ *Cell #* _____ *Work #* _____

Dog Owner E-Mail _____

Veterinarian _____ *Veterinary Phone* _____

Dog's Name _____ *Breed* _____

Arrival Date and Time _____

Departure Date and Time _____

Client Acknowledgement

I understand that in the case of an emergency involving my dog, the staff of Boothbay Canine Daycare & Boarding, LLC ["Boothbay Canine"] will bring my dog to a veterinarian. The staff will attempt to contact me first to discuss the matter and will use the dog's own veterinarian if time and distance allows. Otherwise, the staff at Boothbay Canine will primarily use Boothbay Animal Hospital. If the dog requires attention after the normal veterinarian's hours of operation, then Boothbay Canine will use Mid Coast Animal Emergency Clinic. I understand that all veterinary fees and charges are my sole responsibility. ***If my dog is brought to Boothbay Canine with fleas or ticks, the staff at Boothbay Canine will treat my dog with a flea bath at my expense.***

Client Name _____

Client Signature _____

Copy of Current Photo ID Required - Drivers' License or Passport Card

****Please Note:*** This Reservation Request must be **accepted and confirmed** by Boothbay Canine Daycare & Boarding, LLC before kennel space is reserved especially in the case of requests delivered to Us by email. **This form must be filled out for each dog in a family.**

TELL US ABOUT YOUR DOG

Dog's Name: _____ Breed: _____ Sex: Male Female
Neutered/Spayed: Y or N Age: _____ DOB: _____ Vet: _____
Vet Phone #: _____ Dog License # and State: _____
Microchip #: _____ Flea/Tick Prevention Program: _____

Required Vaccinations: Contact your Vet directly who will then provide BBK9 with a current Vaccination Record for your dog(s) via Email. The BBK9 required vaccinations include:

- Canine Distemper/Parvovirus (DHPP)
- Rabies
- Bordetella (Kennel Cough)

Medications: (Dosages and Timing)

Med Name _____ Administration _____
Med Name _____ Administration _____

Feeding:

Food Brand _____ Amount _____ Timing _____

Describe any physical conditions that your dog has for example, deafness, blindness, epilepsy, arthritis, hip or joint problems. _____

How long have you had your dog? _____ Is your dog a rescue? _____

Does your dog live with children or other Pets? _____

List your dog's *fears*, such as loud noises, people, thunder, strange dogs, etc.: _____

List your dog's *likes* (i.e., belly rubs, ear scratches, squeaky toys, etc.) *and dislikes* (i.e., touch sensitivities, etc.): _____

Is your dog:

Energy Level (Circle One): (Sleepy) 1 2 3 4 5 6 7 8 9 10 (Red Bull)

Friendly to people? _____ Friendly to dogs? _____ Shy? _____

Toy Aggressive? _____ House Trained? _____ Leash/Collar Trained? _____

Does your dog:

Chew? _____ Puppy Bite? _____ Jump up? _____ Dig? _____

Escape? _____ Bark excessively? _____ Jump fences? _____

Eat all the wrong things (toys, rocks, sticks, etc.)? _____

Respond to basic commands? If so, list mastered commands: _____

Please tell us anything else we should know about your dog! _____

GENERAL NOTIFICATIONS AND INDEMNIFICATIONS

1. Client is aware that by leaving their dog at Boothbay Canine or any other dog care facility, the dog is at risk of contracting kennel cough, viruses, or acquiring minor injuries such as ripped toenails and ears, scratches or punctures. While we take special care to maintain a high standard of cleanliness and safety, no vaccine is 100% guaranteed; and dogs occasionally play roughly. Any minor injuries will be cleaned and treated by our staff, and clients will be notified.
2. Dogs will be exposed to a variety of objects and matter (toys, sticks, grass, rocks, etc.) while at Boothbay Canine; we cannot be held responsible if dogs ingest these non-food items.
3. If your dog becomes ill, or if the state of the dog's health otherwise requires professional attention, we will make every effort to reach you to discuss the matter. However, if we fail to reach you in a timely manner, Boothbay Canine Boarding & Daycare, LLC in its sole discretion, may engage the services of a local or emergency veterinarian in order to provide appropriate medical attention to the dog; any resulting expenses shall be paid by the client. If medical attention is required after business hours **I** (_____) give my consent for Boothbay Canine Daycare & Boarding, LLC to take my pet to the Mid Coast Animal Emergency Clinic in Warren, Maine. I will assume full responsibility upon my return for payment and/or reimbursement for Veterinary Services rendered on behalf of my pet. **I** (_____) understand that Boothbay Canine Daycare & Boarding, LLC cannot be held responsible for the results of Veterinarian treatments or the loss of my pet.
4. Medical care cannot be denied by the client regardless of the age or condition of the dog. Dogs left at Boothbay Canine for over 10 days with no client communication will be subject to "Maine Animal Welfare Animal Abandonment Law Title 17, section 1038."
5. The client agrees to indemnify, defend, and hold harmless Boothbay Canine from any claims, demands, causes of actions or damages, including attorney's fees, arising out of any action or damage or injury done or caused by their dog to any animal or person while in the care of Boothbay Canine. Any medical or veterinary expenses will be the client's responsibility, and they will release Boothbay Canine from any charges.

By signing below, the client acknowledges that there are certain risks involved in leaving their dog in the care of a third-party care facility, including, but not limited to, dog fights, bites, and the transmission of disease or parasites. By signing below, the client acknowledges and accepts sole responsibility for all medical expenses for their dog regardless of the cause for such. The client also authorizes the release of medical records from their veterinarian, and further certifies the accuracy of all information relating to their dog.

Client Printed Name: _____

Client Signature: _____

Date: _____