Paw Paradise Spa

Dog Boarding Form

**Pet’s** **name(s):** **Surname:** **Sex:** **Age:** **Breed** **or** **type** **&** **color:** **Owner’s** **name:** **Address:**

**Home** **phone** **number**: **Emergency** **contact:**

**Cell (available 24 Hr.):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate preferred Vet Clinic:

🞎Omaha Animal Medical Group 🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: 🞎Yes No De-sexed: 🞎Yes 🞎No Not de-sexed charge applies: 🞎Yes 🞎No

Un-neutered males/females on heat + $3 per day (may apply)

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| --- | --- | --- | --- | --- | --- |
| **Date** **and** | **Canine** **distemper,** **Parvo** **virus,** **Hepatitis** | **Kennel** **cough**  (annual) | **Other** | **Last** **heat** | **Size**  (circle)  **S** **M** **L** **XL** |
| **brand** **of** |  |  |  |  |
|  |  |  |  |
| **vaccine** |
|  |  |  |  |
| **given** |
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| **Arrival** **date** | **Departure** **date** | **Meds** **Y/N**  if yes complete medication form  **Brief** **description** | **Food** **requirements**  dry, dog roll, wet & dry, supplied, am/pm | **Health** **or** **diet** **concerns**  record date and  problem when boarding | **EBC**  dates if used | **$** **Paid/** **owing** |
| **Heating**  (small dog shelter only) |
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Drop times are Monday thru Sunday 6am to 8am; Pick Up times are 6pm to 8pm Monday thru Sunday. Out of hour’s service charge $25. . **All** **reservations** **must** **be** **made** **with** **us** **personally.** After you have made your booking with us by you may complete this form and mail it to us with your deposit, or bring it with you at check-in. Completing this form will expedite processing your information on your arrival.

*Paw Paradise Spa* *Boarding* *Kennels* *12105 Emmet St Omaha, NE 68164* *Phone:* *402 496-PAWS*

Paw Paradise Spa Boarding Kennels Terms and Conditions

Although we will exercise the normal care required we cannot accept responsibility in any respect of an animal whilst it is under our care, all animals are left at the owners risk.

All animals boarding must be vaccinated against species specific diseases. Dogs must be vaccinated for canine distemper, parvovirus, hepatitis and kennel cough and have a current vaccination certificate. Dogs must also be registered and free of parasites. Cats must be vaccinated against feline panleucopenia “enteritis” and feline respiratory disease “snuffles”, have a current vaccination certificate and be free from parasites.

We must be informed of any change in, or current medical conditions, or food requirements. We accept your animal on the basis that it is in good health and condition, and that you have disclosed to us everything we should know about your pet on arrival.

We will seek veterinary attention for your pet if we consider it necessary. We require full access to your animals medical records if we are concerned about any aspect of your pets health, or to check vaccinations. If your animal becomes seriously ill and you cannot be contacted the

appropriate treatment will be decided by a veterinarian. Any expenses incurred will be paid by t’s owner.

Aggressive or non-socialised dogs will not be accepted. This includes the breeds banned in and cross-breeds of.

Animals left for longer than 14 days after their agreed collection date will be considered abandoned. Any costs incurred on disposal and money or fees owing will be paid by the p.et owners.

You are welcome to leave blankets (no bean bags), toys etc for your pet. We will take every effort to account for items but we cannot guarantee their return. Naming items is helpful.

You may pick up your pet in our open hours. Pick up outside our normal public hours is by arrangement only and an out-of-hours fee will apply. Payment in full is required when collecting your animal.

I have read & understand this agreement Name................................................

Pet name/s............................./…………………../…………...…../………………..

Signed............................................... Date.....................................................