

## DOG BOARDING CHECK-IN

Pet Parent's Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Check-In Date: \_\_\_\_\_

Estimated Weekday Drop off Time (please circle one):

3:30   4   4:30   5

Check-Out Date: \_\_\_\_\_

Estimated Weekday Pick up Time (please circle one):

8:30   9   9:30   10   10:30   11

\*Estimated Sunday Pick up Time (please circle one):

3:30   4   4:30   5

Hound Haus feeds and medicates mornings and evenings.

\_\_\_\_\_ For accuracy and sanitation, I have pre-bagged my pup's food.

How many bags? \_\_\_\_\_

\_\_\_\_\_ I prefer that you feed my pup Hound Haus house food, Diamond Natural Lamb and Rice dry dog food.

\_\_\_\_\_ My pup's medication is labeled with his/her name and required dosage.

Is there anything you'd like us to do to make your pet more comfortable while staying with us?

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

### Veterinarian

Clinic Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

## CLIENT INFORMATION

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_

## EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Please list those who are authorized to pick up your pet:

1.) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

2.) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

## PET GUEST INFORMATION

Pet's Name: \_\_\_\_\_

Primary Breed: \_\_\_\_\_

Weight: \_\_\_\_\_ Color: \_\_\_\_\_

Age/Birthdate: \_\_\_\_\_

Circle where appropriate:    Male                      Female                      Spayed                      Neutered

Unaltered

Is your dog indoor potty trained?      Y / N

### MEDICAL HISTORY

Is your pet currently taking any medications? Y / N

Has your pet been ill in the last 30 days? Y / N

Does your pet have any previous or current injuries, physical problems or health concerns, including allergies? Y / N

If yes, please explain:

Does your pet have any physical restrictions while playing, or sensitive areas on the body? Y / N

If yes, please explain:

\_\_\_\_\_ is up to date on all required vaccinations required to stay at Hound Haus. Those being: Bordetella (every 6 months), Rabies, and Distemper. Hound Haus does require written proof of these vaccinations from a licensed veterinarian.

### PERSONALITY

Please circle all answers that describe your pet's personality:

Friendly   Outgoing   Timid   Feisty   Independent   Playful   Submissive   Affectionate  
Other:

Please circle all answers that describe your pet's attributes:

Jumps up   Bark's Excessively   Fears Noises   Separation Anxiety  
Whimpers/Whines Excessively

Highly Active   Mildly Active   Highly Active

Other:

Has your dog been boarded, to daycare, and/or play parks before? Y / N

Does your dog play well with other dogs? Y / N

Approval for group play with other dogs? Y / N

Is your dog afraid of any specific types of people, items, or noises?

Is he/she protective or aggressive over food and/or toys?

Has your dog ever bitten anyone? Y / N

Has your dog ever climbed/jumped the fence? Y / N

Any other comments or suggestions to help use better care for your dog?

I, the undersigned, hereby acknowledge and agree that all the information in this application is complete and accurate to the best of my knowledge. I further attest that if I am not the sole owner or representative of the dog subject to this application that my signature is sufficient to enter into this application for and on behalf of any other owner or representative.

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

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

## Card on File Authorization Form

This is the form for you to supply Hound Haus with credit card information to keep on file for the payment of all services and fees. A new form must be completed for each card kept on file.

Hound Haus: Visa, Mastercard, Discover, and American Exp. Cards

Card Type (circle): Visa / Mastercard / Discover / American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code (Security Code): \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

Please list anyone other than the cardholder that is authorized to use this credit card.

Name: \_\_\_\_\_

I hereby authorize Hound Haus to charge the credit card listed above for the payment of all services and fees. This credit card will be kept on file and will remain in effect until the expiration of the credit card account. Applicants May revoke this credit card on file by submitting a written request to the address at the top of this form. A new form must be completed if any information such as credit card expiration or authorized users is amended. Applicants agree to pay the cost for any returned or challenge payments. Please refer to the boarding and services agreement for more information.

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

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

# Hound Haus Boarding and Service Agreement

## NOTICE TO THE PET OWNER/GUARDIAN:

PLEASE READ CAREFULLY. THIS AGREEMENT INCLUDES A RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS AND DEPRIVES YOU OF THE RIGHT TO SUE HOUND HAUS, AND RELATED PARTIES. DO NOT SIGN THIS AGREEMENT UNLESS YOU HAVE READ IT IN ITS ENTIRETY AND UNDERSTAND ITS EFFECT, POLICIES, PROCEDURES, PET RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNIFICATION AGREEMENTS.

In consideration for my pet(s) \_\_\_\_\_ being permitted to be a pet guest at Hound Haus, by signing this document, I \_\_\_\_\_, Owner/Guardian, make the following representations, certify the accuracy of all information provided to Hound Haus at any time, and agree to all the following policies, procedures, terms and conditions stated below in this Hound Haus Boarding and Services Agreement.

## POLICIES, PROCEDURES, TERMS AND CONDITIONS

1. Owner/Guardian. I represent that I am the owner and/or authorized guardian of my pet and I am fully authorized to enter this agreement.
2. Refusal of Service. I understand Hound Haus reserves the right to deny admittance to any pet for any reason, at any time.
3. Pet Requirements: I represent that my pet meets all of the following requirements: (1) is four months of age or older, (2) is current on his/her required vaccinations, (3) is on a monthly flea and tick preventative medication, (4) has been in good health for the last 30 days prior to check-in, (5) my pet is not aggressive or toy protective, (6) I have completed the Dog Profile, (7) my dog will enter and exit Hound Haus facility on a leash.
4. Health. I represent that my pet has not had any contagious illnesses of any kind for 30 days prior to check-in. I am aware and understand that Hound Haus employees are not veterinarians and do not have backgrounds in animal medicine. Hound Haus employees cannot diagnose or detect illnesses in the pets that are staying at Hound Haus. I agree to assume all risks associated with the administration of medication by Hound Haus during my pet's stay. In addition, I acknowledge and am aware that vaccines do not protect against all contagious illnesses that may affect my pet. I HEREBY AGREE TO INDEMNIFY HOUND HAUS, ITS OWNERS, DIRECTORS, OFFICERS, EMPLOYEES AND AGENTS AGAINST ANY CLAIMS MADE AGAINST HOUND HAUS, ITS OWNERS, DIRECTORS, OFFICERS, EMPLOYEES, AND AGENTS AS A RESULT OF MY FAILURE TO INFORM HOUND HAUS OF ANY PRE-EXISTING MEDICAL CONDITIONS THAT MY PET MAY HAVE.
5. Flea and Ticks. I agree that if any fleas or ticks are discovered on my pet during check-in or at any other time while my pet is receiving services at Hound Haus, that Hound Haus may administer a flea bath and flea spot treatment at my expense.
6. Veterinarian Care. I agree to allow Hound Haus to obtain veterinarian medical treatment for my pet, if, in its sole discretion it appears that the pet is ill, injured, or exhibits any other behavior that would reasonably suggest that my pet might need medical treatment. Medical treatment may require transportation of my pet to receive care and I hereby authorize such transportation. I grant that Hound Haus full authority to make decisions involving the medical treatment of my pet during its stay at Hound Haus I agree that I am fully responsible for the cost of any such medical treatment and transportation.
7. Veterinarian Liability: I agree that I am assuming all risk of illness, disease, harm or otherwise to my pet by allowing my pet to participate in services at Hound Haus. Furthermore, I agree that I am assuming all risk of the consequences associated with any decisions made by Hound Haus, relating to the medical care and transportation of my pet. I agree to be solely financially responsible for any and all veterinarian care of my pet while in the care of Hound Haus, or as a result from time spent at Hound Haus. IN ADDITION, I AGREE THAT IF MY PET IS INJURED BY ANOTHER PET, I HEREBY RELEASE HOUND HAUS, ITS OWNERS, EMPLOYEES, AND AGENTS FROM ALL LIABILITY AND FINANCIAL RESPONSIBILITY FOR SUCH INJURY. I FURTHER UNDERSTAND THAT IF MY PET BITES A HUMAN OR PET, THAT HOUND HAUS MAY CONTACT THE APPROPRIATE AUTHORITIES.

8. Transportation. I agree that if my pet is transported to or from Hound Haus by that Hound Haus, its employees or agents that I AGREE TO HOLD HOUND HAUS, ITS OWNERS, DIRECTORS, OFFICERS, EMPLOYEES, OR AGENTS HARMLESS IN THE EVENT OF INJURY OR ACCIDENT DURING TRANSPORTATION.
9. Dog Daycare. I understand that Hound Haus is a cage-free facility utilizing playgroups where multiple dogs interact. I understand that dogs play with their mouth and paws, which can result in nicks and scratches on my pet. While Hound Haus provides reasonable care and supervision in the playgroups, I understand and agree that Hound Haus employees may not notice these nicks or scratches before my pet's departure and, therefore, I might not be notified.
10. Aggressive Dogs. I certify that my dog is not aggressive and I understand that aggressive dogs are not permitted to participate in services at Hound Haus. If my dog acts aggressively or exhibits unacceptable behavior, he/she may be separated from the other dogs and the owner may be called to come pick up the pet immediately in extreme cases.
11. Abandonment Notice. I fully understand and agree that if my pet is not picked up by myself or an authorized representative within 14 calendar days after the day my pet is scheduled to depart, that my pet shall be deemed "abandoned". I understand if I abandon my pet at Hound Haus, that Hound Haus, in its sole discretion, will try to re-home my pet, or relinquish my pet to a legal shelter of its choice. I FULLY UNDERSTAND AND AGREE THAT IF I ABANDON MY PET AT HOUND HAUS, I MAY BE UNABLE TO RETRIEVE MY PET AND WILL HAVE NO RECOURSE AGAINST HOUND HAUS. In addition, I understand that I will still be responsible for the unpaid charges incurred for my pet's stay.
12. Photo and Video Release. I agree to allow Hound Haus to use my pet's name and any images or videos taken while he/she is in the care of Hound Haus, in any form or format, for use, at any time, in any media, marketing, advertising, illustration, trade or promotional materials.
13. Personal Property. I agree that Hound Haus shall not be responsible or liable for any lost, stolen, or damaged personal property belonging either to my dog or me. I also understand and agree that my dog's collar will be removed in the play area to prevent injury. This includes flea collars.
14. GPS Collars. We strongly recommend that GPS collars are removed prior to entering the facility. Due to playing and exercising, GPS collars may fall off on the premises. Hound Haus is not liable for lost property, including GPS collars.
15. Service Fees. I agree to pay for all fees, services, and products with a credit card, cash, or check at the time of my pet's pickup from each visit at Hound Haus. I give express permission to Hound Haus to charge any of the credit card numbers provided on my Dog's Application for any unpaid fees, services, or products. I further agree to pay the cost of any check or debit charges returned or challenged for any reason.
16. Cancellations policy: I understand that all confirmed reservations must be cancelled at least 48 hours prior to my pet's reserved arrival date. I further understand that a cancellation made within 48 hours of my pet's arrival date or a no-show will result in my credit card on file being charged \$50.
17. Check-in & Check-out Times. I understand that check-in and check-out times listed are policy, and times outside of those assigned may incur additional fees.
18. Resort Policies. I acknowledge that I have received, reviewed and signed a copy of HOUND HAUS "Resort Policies." I HEREBY AGREE TO BE FULLY BOUND BY ALL THE TERMS AND CONDITIONS OF HOUND HAUS "RESORT POLICIES."
19. Duty to Disclose. I represent that I have disclosed and shall continue to disclose, any and all medical conditions or any other conditions, including, but not limited to, personality concerns or behaviors that may affect, limit, or prevent my pet's ability to participate in services provided by Hound Haus. I understand that Hound Haus is relying on and will rely on those representations to provide a safe environment for both humans and animals.
20. Controversy or Claim. I agree that any controversy or claim arising out of, or relating to this contract, or breach thereof, or as the result of any claim or controversy including the alleged negligence by any party to this contract, shall be settled by arbitration in accordance with the rules of the American Arbitration Association. I further agree that judgment upon award rendered by an arbitrator may be entered in any Court having

jurisdiction thereof and the arbitrator shall, as part of his award to the prevailing party, the cost of such arbitrations and reasonable attorney's fee of the prevailing party.

21. WAIVER, RELEASE AND INDEMNIFICATION. I RELEASE, WAIVE, DISCHARGE, INDEMNIFY AND AGREE TO HOLD HOUND HAUS, ITS OWNERS, DIRECTORS, OFFICERS, EMPLOYEES AND AGENTS HARMLESS FOR ANY AND ALL MANNER OF DAMAGES, INJURY, CLAIMS, LOSS, LIABILITIES, COSTS OR EXPENSES, ATTORNEY'S FEES, CAUSES OF ACTION OR SUIT, WHATSOEVER IN LAW OR EQUITY, ARISING OUT OF OR RELATED TO THE SERVICES PROVIDED BY HOUND HAUS, ITS OWNERS, DIRECTORS, OFFICERS, EMPLOYEES OR AGENTS INCLUDING WITHOUT LIMITATION: (1) ANY INACCURACY IN ANY STATEMENT MADE BY MYSELF OR INFORMATION PROVIDED BY ME TO , (2) MY PET, INCLUDING BUT NOT LIMITED TO DESTRUCTION OF PROPERTY, DOG BITES, INJURY, AND TRANSMISSION OF DISEASE, AND (3) ANY ACTION BY MYSELF THAT IS IN BREACH OF THE TERMS OF THIS AGREEMENT.

22. Sole Agreement. This writing represents the sole agreement between Hound Haus and the Owner/Guardian.

23. Affirmation. Each time I bring my pet into Hound Haus, I am re-affirming the terms of this agreement, including updated claims, and the truthfulness and accuracy of all the statements I have made in this agreement.

I HAVE READ AND FULLY UNDERSTAND THE TERMS OF THIS AGREEMENT AND UNDERSTAND THAT I WILL GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT. I HAVE SIGNED THIS AGREEMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO HOUND HAUS, ITS OWNERS, OFFICERS, EMPLOYEES AND AGENTS TO THE GREATEST EXTENT PERMITTED BY LAW. I FURTHER AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID OR UNENFORCEABLE, THE REMAINDER OF THIS AGREEMENT SHALL REMAIN IN FULL FORCE AND EFFECT.

Signature of Owner/Guardian: \_\_\_\_\_

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



## **Cancellation & Payment Policy:**

Due to a high demand for our boarding services & an increasing number of no-shows & last-minute cancellations, we now implement the following reservation and cancellation policy:

In order to accommodate the number of valued customers seeking boarding, we require current booked clients to give us a 7 day cancelation notice to ensure that you will not be charged for your entire stay.

If a 7 day notice has failed to be given, the number of nights that are unable to be filled due to the last minute cancelation, will be charged to your account.

If you have any questions or concerns, please call our office phone at (830) 964-2116 OR contact us via email at [info@houndhaustx.com](mailto:info@houndhaustx.com) 😊

## **OFFICE HOURS**

Monday-Friday

7:30am-11:30am

1:30pm-5:00pm

Sunday

3:30pm-5:00pm

I understand that I am responsible for full payment for the days originally reserved regardless if I pick up early.

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Signature