



BOARDING AGREEMENT

OWNER INFORMATION

(Owners Name)

(Address)

(Cell number)

(Cell number)

(Email address)

(Emergency Contact person)

(Cell number)

(Cell number)

VACATION INFORMATION

(Name of hotel)

(Location of hotel)

(Phone number)

(Departure/return dates and times)

REQUESTED SERVICES

Service	Cost	SERVICE REQUESTED
Boarding 1 st pet	\$50/day	_____
Additional pet	\$20/day	_____
NUMBER OF ADDITIONAL PETS		_____

IF THE PETS DO NOT GET ALONG OR NEED INDIVIDUAL KENNELS THE CHARGE PER DAY WILL BE AN ADDITIONAL \$50 PER KENNEL. A MAXIMUM OF THREE PETS PER KENNEL WILL BE ALLOWED DUE TO SAFETY CONCERNS.

PET INFORMATION

Pet name _____ Breed _____ Age _____

Spayed/Neutered _____ Microchipped _Y___N___ Vaccinated _Y__N___

Pet name _____ Breed _____ Age _____

Spayed/Neutered _____ Microchipped _Y___N___ Vaccinated _Y__N___

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Spayed/Neutered _____ Microchipped _Y___N___ Vaccinated _Y__N___

Pet name _____ Breed _____ Age _____

Spayed/Neutered _____ Microchipped _Y___N___ Vaccinated _Y__N___

If a medical treatment is needed, such as subcutaneous fluids, insulin injections, bladder or bowel evacuations, physical therapy, or laser treatments there will be an added \$5 per treatment per day per pet.

FEEDING INSTRUCTIONS

(Pet name)

Services requested: Medications Bath Nail trimming

(Pet name)

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(Pet name)

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(Pet name)

Services requested: Medications Bath Nail trimming

PET DETAILS

Is your pet trained? YES NO

Will your pet chase other dogs/cats/rabbits? YES NO

Does your pet have separation or anxiety issues? YES NO

Does your pet whine when left for short periods of time? YES NO

Is your pet overly aggressive to other pets? YES NO

Is your pet aggressive to humans? YES NO

Does your pet have a bite history? YES NO

PET HEALTH INFORMATION

(Veterinary Hospital)

(Phone number)

(Regular veterinarian)

In the case of an emergency the owner(s) will be contacted prior to any medical decision being made. If the owner(s) is unable to be contacted, the kennel will make the best decision based on the situation. If any medical care is necessary, the owner(s) will keep all responsibility for bills and care upon returning home. There will be an added charge for transporting the pet and still being at the clinic with the pet(s) during medical treatment. If the pet does not have a primary veterinarian, Tail Waggon Pet Services will use the closest veterinary hospital as a default clinic.

If there are any further instructions or other information not covered above list below.

How did you hear about Tail Waggon Pet Services and Transport?

Do you give Tail Waggon Pet Services and Transport permission to post pictures and videos to social media of your pets? Our clients' names and addresses will never be used, and posts will never be made at the client's location.

YES NO

TERMS AND CONDITIONS

1) Payment is to be made in full upon the day of returning home. Payments can be made via check, electronic payment, or cash. Delinquent payments will be charged an added \$50 late fee that will be added to the account every thirty days until the invoice is paid in full.

2) Refund/cancellation policy - If at any time plans change during the owner's vacation, extending/shortening visits, the changes will be communicated within a reasonable time to allow the kennel time to adjust the schedule. If this requested communication does not happen, there will be an added charge to the account that the owner(s) agree to pay upon return. If a reservation is made and the owner cancels within 48 hours (about 2 days) of the departure date, there will be an added charge made to the account for the loss of services. During the busy holiday seasons cancelations must be made 7 days prior to the departure date to avoid the added charge.

3) We require a deposit to be made at the time of booking and it is nonrefundable.

4) The owner(s) will inform their veterinary clinic that Tail Waggon Pet Services and Transport will be caring for the pet(s) and fill out any necessary paperwork to allow for treatment. The owner(s) will make all necessary arrangements for fiscal responsibility with the veterinary hospital prior to leaving for vacation. If the kennel pays for any services while the owner(s) is absent the owner(s) agrees to reimburse the kennel in full upon the day of their return.

5) The kennel agrees to provide the owner(s) with all receipts as proof of services provided and requested reimbursement amount. Services can include pet food, transportation, veterinary bills, and any other unforeseen cost.

6) If a medical emergency arises with the pet(s) the kennel will make every effort to contact the owner(s) at all the above provided numbers. If time is of the essence the owner(s) authorize the kennel to seek medical services. The kennel will try to continue to contact the owner(s) and keep them informed of the situation. There will be an added charge for transporting the pet and still being at the clinic with the pet(s) during medical treatment.

7) The owner(s) will provide the kennel with updated vaccination certificates for each pet. In the unlikely event the kennel staff is bitten or incurs any injuries from the pet(s) stated above the owner(s) will take all fiscal responsibility for any medical bills and losses made to the kennel staff.

8) In the unlikely event that a pet(s) escapes from the facility Tail Waggon Pet Services and Transport will not be liable for any issues that arise after. The kennel will contact the owner(s) at once and will do what is necessary to make sure the pet's safety is the top priority.

9) The owner(s) authorizes this signed and agreed upon contract to be used for future services.

(Owner signature)

(Date)