Boarding Consent and Release Form



Owner's Full Name:		Phone #		_	
Email:		_			
Pet's Name:	Breed:	Weight:	Sex:	Age:	yr(s)
Veterinarian / Clinic Name		Phone #			
Please list any known current Has the pet shown any aggre					
Please review our policies and	initial & sign below.				
My pet is boarding with Dogg					
heir stay. My pet should be fe	eed times daily at	am/pm and at _	ar	n/pm.	
I understand that my pe	et will be charged by the da	ay with a 2 day minimu	m.		
My pet will need to have	e medication () given d	laily.		
Besides my pet's food, I I will not hold Doggy S _I	have also brought items fro pa LLC responsible for any				
I agree to contact Dogo off day / time.	gy Spa LLC by text message	e as soon as possible if I	need to cha	ange my pic	ck up or drop
Behavior: I understand that it i behavior. For the safety of my or I will need to pick up my pe	pet and the Doggy Spa LL				
Emergencies: In the event of a an attention for my pet(s) at not an emergency.			•	•	
Health: I understand that boar nealth conditions or stress-rela o date on all vaccinations pric	ated issues prior to groomi		55, .	•	
Drop off/Pick up Procedure: I u Dn Saturday and Sunday I can			onday thru	Friday and p	oick up by 6pm.
Owner's signature			_ Date:		