



# Boarding Intake Form

Forms can be emailed to [info.Downtownpups@gmail.com](mailto:info.Downtownpups@gmail.com) or printed and delivered at the time of your scheduled drop off. Please call 804.446.3592 if you have any questions.

Owners Name(s): \_\_\_\_\_ Email(s): \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_

May we add you to our email newsletter, to keep you updated on Downtown Pups? **YES NO ON IT**

Dog's Name(s): 1. \_\_\_\_\_ Breed/description \_\_\_\_\_ Age: \_\_\_\_\_

2. \_\_\_\_\_ Breed/description \_\_\_\_\_ Age: \_\_\_\_\_

3. \_\_\_\_\_ Breed/description \_\_\_\_\_ Age: \_\_\_\_\_

Phone number where owners can be reached in case of emergency \_\_\_\_ + \_\_\_\_\_

OTHER # \_\_\_\_\_

Regular Vet and phone number: \_\_\_\_\_

## FOOD AND MEDICATION

We REQUIRE food to be in prebagged Ziplock's or air tight container to keep it secure. Please label your container your dogs FIRST and LAST names.

\*PLEASE NO 40LB BAGS

How many times per day does your dog eat? **1/day 2/Day** Dog 1 \_\_\_cup(s)/meal \_\_\_cup(s)/meal Dog 2 \_\_\_cup(s)/meal \_\_\_cup(s)/meal

Dog 3 \_\_\_cup(s)/meal \_\_\_cup(s)/meal

Type of food provided by owner \_\_\_\_\_

Does your dog(s) have any known food allergies? **YES NO**

If yes please explain: \_\_\_\_\_

Does your dog have medication that Downtown Pups will need to administer? **YES NO**

If yes, please indicate:

Dogs Name: \_\_\_\_\_ Medication name \_\_\_\_\_ dose & schedule \_\_\_\_\_

Dogs Name: \_\_\_\_\_ Medication name \_\_\_\_\_ dose & schedule \_\_\_\_\_

Dogs Name: \_\_\_\_\_ Medication name \_\_\_\_\_ dose & schedule \_\_\_\_\_

Dogs Name: \_\_\_\_\_ Medication name \_\_\_\_\_ dose & schedule \_\_\_\_\_

**ANIMAL ACCESORIES** We understand dogs like familiarity but please only provide necessities to their comfort. We hate not getting everything back to you. **Please no bowls. (please label each item)**

Are you leaving a leash? **YES NO** If yes, describe leash \_\_\_\_\_

Please list/describe any items you are leaving with your dog\*

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

\*I understand DOWNTOWN PUPS is not responsible for items lost, destroyed or damaged

INITIALS \_\_\_\_\_

**ANIMAL BEHAVIOR**

Does your dog(s) get along with other dogs? YES NO SOMETIMES

Can your dog be co-mingled for Daycare? YES NO Unsure

Would you like your dog to have an evaluation for Daycare? YES NO

Dogs are comingled within Daycare. If we have a dog that needs more personal space they gets one-on-one time. Dogs are expected to get along well with other dogs in Daycare. Dogs will get a temperament test done to see how they will do in a group setting.

Is there are instances where your dog does not get along with other dogs please explain.

---

---

Does your dog(s) interact well with small dogs, including toy breeds? YES NO

\*In Daycare we will place your dog in the group that best fits their play style. That may include your dog in a group with small dogs.

Has your dog ever bitten or been bitten? YES NO

EXPLAIN:

---

---

Does your dog destroy toys/blankets? YES NO

Is your dog crate trained? YES NO

Does your dog guard food? YES NO

Does your dog guard toys? YES NO

Does your dog(s) know any tricks, like sit, lay down, roll over, drop (or "leave it" for stick play)?

Please describe tricks and their commands if possible

---

---

**BOARDING ADD-ONS:**

EXIT BATH  
\*Based on Salon Rates

NAIL TRIM ONLY \$12:

NAIL BUFFING ONLY \$15:

SENSORY WALK \$5 PER WALK:

FULL GROOMING:  
\*Base on Salon pricing and availability.

**CONDITIONS**

By signing below I understand that:

1. I have the right to pick up my dog at any time during regular business hours
2. I will be charged for all nights that I have reserved for my dog unless 5 days notice is given.
3. Pickup time for dogs is 11am Mon-SAT before the next billing day start
4. I understand that dogs are co-mingled in Daycare if evaluation is passed.
5. I authorize Downtown Pups to transport my dog to a licensed veterinarian for medical evaluation and/or treatment should it be deemed necessary by an owner or employee of Downtown Pups. I understand that I will be responsible for all charges related to the medical evaluation and/or treatment. This may not be my regular vet if they are unavailable or to far away at the time of need.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Owner Liability Waiver and Health Certification

Forms can be emailed to [info.Downtownpups@gmail.com](mailto:info.Downtownpups@gmail.com)  
Please call 8004.446.3592 if you have any question.

I, \_\_\_\_\_, Owner of  
Dog(s) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

1. I understand that I am solely responsible for any harm caused by my dog(s) while my dog(s) is/are attending Downtown Pups, And during their Boarding Stay and or Daycare group play. I recognize that there is an inherent risk of injury, illness, loss or even death in any environment associated with numerous cage-less dogs in daycare and in boarding environments. I also recognize that such risks include, without limitation, injuries or illnesses resulting from fights, rough play, and contagious diseases. Knowing these inherent risks and dangers, I understand that Downtown Pups cannot be held responsible for any injury, illness, damage or death caused to my dog and that I am solely responsible. I agree to indemnify and release Downtown Pups harmless from any claims for damage, all defense costs, fees, and business losses resulting from any claim I make or cause to be made against Downtown Pups for which it, its agents, or employees are not ultimately held to be legally responsible.

2. I understand and agree that Downtown Pups staff may at any time remove a dog from their care for any reason and Call your Emergency Contact if you're not available for my pet while I am away if he/she exhibits behavior which could be harmful to themselves or staff.

3. I further understand and agree that dogs can sometimes receive minor cuts and scratches while in our care. If a dog becomes otherwise ill or injured and is in need of immediate care, Downtown Pups will transport the animal to the nearest open and able Veterinary Hospital and attempt to reach the owner while the animal is in transit. If the owner is unreachable, Mountain Pals Pet Sitting will have the veterinarian proceed with any treatment deemed necessary. **Owners will assume all financial responsibility for veterinary treatment. Downtown Pups is happy to cover veterinarian costs if no credit card is provide if needed with the firm understand that the owner will reimburse Downtown Pups upon pickup of their animal.**

4. I certify that my animals are current and up to date on all their vaccines deemed necessary by their veterinarian and authorize Downtown Pups, to obtain vaccination information from my dogs Vet as needed. Rabies, Distemper/Parvo (DHLPP) and Bordetella. Please note that having the Bordetella vaccine is not a guarantee that your dog can not get "kennel cough" but we still highly recommend the vaccine as he/she is around other dogs. We do everything we can to keep them happy and healthy but dogs do come from many places where they can be exposed to it.

5. I authorize the use of my credit card/care credit card below in the event that my animal needs medical care or any animal my pet may have harmed that is may be in need of medical attention while under the care of Downtown Pups.

6. I understand all photos taken of my animal by Downtown Pups are owned by Downtown Pups and can be used for marketing material such as use on all social media or in print materials. We are happy to share them with you Downtown Pups, LLC, owns all rights of use.

7. In the rare and unfortunate event that your pet dies in our care your pet will be taken to your designated veterinarian and maintained for pick-up or further instruction.

**I certify that I have read and understand the policies of Downtown Pups as set forth on the General Information and Policies sheet and that I have read and understand the conditions and statements of this agreement.**

\* This gives us permission to say you have signed our daycare and boarding Waivers on PawParter (Your Profile) .

Drop off date and time: \_\_\_\_\_ Pick up date and time: \_\_\_\_\_

**Signature of Owner** \_\_\_\_\_ **Date** \_\_\_\_\_

**All signatures are valid for 6 months of service. All changes to animal instructions must be in written and new paperwork submitted.**

We accept Cash, Check and All Major Credit Cards

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ Zip Code \_\_\_\_\_ Auth code \_\_\_\_\_

or Care Credit (Vet only Credit Card)

Please check this box if you would like to use your Credit Card above for payment for ANY MEDICAL SERVICES ONLY. We can keep it on file for your convenience. Protecting our customers' information and privacy is a top priority.