

Boo's Place



Dog Daycare & Boarding
Where Your BEST FUR-ENDS Play & Stay
Doyle, Tennessee
931-254-6448

Your Name: _____ Date: _____

Pet(s) Name(s): _____

*****Please read & initial at the end of each line.*****

Please understand that illness can spread by your dog sniffing another dog's urine or feces, as well as through air droplets. We highly recommend any dog entering Boo's Place be current on all vaccines. We also ask that you do NOT bring your dog into Boo's Place if they have anything contagious. We do request paper copies of your dogs vaccination status OR titers. _____

We ask that all dogs be on a flea & tick treatment, as well as a monthly parasite preventative during their stay. Boo's Place is NOT responsible for any infections that might be picked up during your dog's stay. _____

Your dog cannot be people aggressive, and we will NOT tolerate being growled at or bitten. There is a difference between play growl and fear growl. We do not want to put your dog in a position where they will bite as we're trying to handle them or feed them. If your dog bites at any time, it will result in YOU being called immediately and you will need to arrange for your dog to be picked up. _____

Your emergency contact is ONLY contacted if we cannot reach you first. _____

We reserve the right to refuse boarding for any reason we see fit:

- *Destructive behavior
- *Not being housebroken
- *Human aggression
- *High anxiety
- *Excessive barking
- *Being sick
- *Recent surgeries (under 7 days)

Please understand that this is an extension of our home and we are in a residential neighborhood. We want to maintain cleanliness and not become a nuisance to our neighbors. We also want to maintain a stress-free stay for other dogs. Boarding is not for every dog, and we will not welcome back any dogs who demonstrate any behaviors mentioned above. _____

*****DROP-OFF & PICK-UP HOURS*****

-Mon-Fri: 7am-11am or 4 pm-6 pm

-Sat & Sun: 8 am-2 pm

ANY pick-ups made after hours will result in an HOURLY rate of \$5.00. _____



About Your Pet

Food Allergies? Y/N

If yes, please list:

Medications, dosages, times, & instructions:

Spayed/Neutered? Y/N

Bite history? Y/N

Afraid of storms? Y/N

If yes, let us know what we can do for your dog if a storm comes during their stay:

Escape artist? Y/N

If yes, please describe:

Get depressed? Y/N

Eat less? Y/N

Vomit? Y/N

Develop diarrhea? Y/N

House broken? Y/N

Afraid of men? Y/N

Good with kids? Y/N

Destructive? Y/N

If yes, please describe any destructive behaviors:

History of seizures? Y/N

If yes, any recently? What behaviors should we watch for?



Has your dog ever boarded before? Y/N

If yes, where?

What is the longest you have left your pet?

Please note any current hot spots, growths, cuts, coughing, sneezing, discharge, swelling, limping, scratching, loose or missing teeth, if your dog is in heat, and any other physical issue your pet may have that we should know about:

Please provide your pet's feeding routine:

Permission to share photos of your pet on social media & website? Y/N

Permission to give outside treats or bones? Y/N *we are rawhide free.

Please provide 2 emergency contacts (1 MUST be local):

We are NOT set up to give go-home baths. We can provide your dog with a rinseless shampoo wipedown by request.

Blankets are ONLY washed if soiled during their stay. We toss blankets that have diarrhea on them. If your blanket goes home and smells like pee, then we honestly missed it and sincerely apologize.

Please notify us if your plans change. No call, no shows will result in NEVER being allowed to board with us without 100% of payment paid at time of reservation. NON-REFUNDABLE.

25% deposit due on all first-time reservations. NON-REFUNDABLE and will apply to total.

Thank you for choosing Boo's Place Dog Boarding & Daycare!

Cassie Leute.

Boo's Place



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OWNER INFORMATION

Client's Name:	
Address:	
Phone Number:	
Email Address:	
Emergency Contact Name & Phone #:	
Veterinarian Name & Phone #:	

PET INFORMATION

Pet Name:	Breed:	Age:	Allergies:	Feeding Instructions:

AUTHORIZATION FOR VETERINARY TREATMENT

I, the undersigned, am the legal owner of the above-named pet(s). I hereby authorize _____ and staff to provide medical treatment, examinations, procedures, and any necessary medications or surgeries as deemed appropriate for my pet's health and well-being. I understand that every effort will be made to contact me in case of any emergencies or significant medical decisions.

CONSENT FOR MEDICAL PROCEDURES

I understand that medical procedures, treatments, and medications are not without risk. I authorize the veterinary team to perform the following procedures, if necessary, for the benefit of my pet's health:

- Physical examination
- Vaccinations
- Diagnostic tests (bloodwork, x-rays)
- Surgery
- Dental procedures
- Administration of medications
- Hospitalization and monitoring

Client Signature: _____ Date: _____

Sitter Signature: _____ Date: _____