

Dog Boarding Contract

Orland Unleashed

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Proof of Vaccinations including Bordetella & Canine Influenza as well as Flea/Tick & Deworming Regimen is required.

Please note: There are risks with socialized boarding. Our experience allows us to assess your dog's behavior & place him/her in the appropriate group. This is based on age, personality, energy level, etc. Each group plays together & if remote collar trained, explore wooded areas & fields. Please be mindful that scratches, bumps, bruises, sprains & scuffles do occasionally happen. Viruses & such can also be passed around in ANY situation where dogs are around other dogs. We are not liable for any of the above listed or potential veterinary costs incurred.

To preserve the harmony of our pack & the freedom they have at our facility, we must be selective about the dogs we accept. We ask that you be forthcoming with any aggression, social or confinement issues.

We do offer remote collar training as well as in-ground fence training.

Owner Info:

Pet Owner's Name(s) _____

Address _____

City _____, State _____ Zip Code _____

Phone Number/s _____

Email Address _____

Emergency Contact:

Contact Name _____

Phone Number _____

Preferred Veterinarian:

Dr. Name _____

Phone Number _____

Dog's Info:

Name: _____ Breed: _____

Weight: _____ Color: _____

Date of Birth: ___/___/___

Male ___ Female ___ Spayed / Neutered ___

Vaccination Dates:

Rabies: ___/___/___ DHLPP: ___/___/___ Bordetella: ___/___/___

Dog's Info:

Name: _____ Breed: _____

Weight: _____ Color: _____

Date of Birth: ___/___/___

Male__ Female__ Spayed / Neutered__

Vaccination Dates:

Rabies: ___/___/___ DHLPP: ___/___/___ Bordetella: ___/___/___

Dog's Info:

Name: _____ Breed: _____

Weight: _____ Color: _____

Date of Birth: ___/___/___

Male__ Female__ Spayed / Neutered__

Vaccination Dates:

Rabies: ___/___/___ DHLPP: ___/___/___ Bordetella: ___/___/___

Has your dog been boarded before? Yes__ No__

Does your dog exhibit stress or anxiety when boarded? Yes__ No__

Has your dog ever bitten anyone? Yes__ No__

Is your dog aggressive with other dogs? Yes__ No__

Is your dog aggressive with cats? Yes__ No__

Is your dog crate trained? Yes__ No__

Is your dog remote collar trained? Yes__ No__

May we post your dog/s on social media? Yes__ No__

Flea, Tick & Deworming Regimen:

Would you like your dog to socialize with other dogs while at our home? Yes__ No__

Allergies? Yes__ No__

If yes, please list

Medical issues? Yes__ No__

If yes, please list

Medications? Yes ___No___

If yes, please list names of medications as well as administration instructions

Feeding Amount & Schedule:

Is your dog allowed treats? Yes___ No___

Please list known commands that your dog knows in your home routine

Grooming is available upon request.

This Dog Care Contract between _____ and Orland Unleashed agree to the following Terms & Conditions:

The Pet Owner hereby agrees to pay the boarding charges \$40 per dog, per night, up to 2 nights. 3 nights or more boarding \$35 per night
20% Off Dog Packs of 3 or more.
Transport Services-\$20 each way.

Owner provides food.

Grooming is extra & price is based on weight & coat type.

Orland Unleashed will provide care, comfort & lodging at our home consisting of bedding, bowls, exercise & a clean, healthy environment for your pet.

Orland Unleashed provides a home-style atmosphere for your dog while you're away. We are not completely kennel free. Your dog will be kenneled overnight & during nap times. We adapt to your dog's needs through your input as well as assessing your dog's behavior & personality by observing their reactions to our daily routine while interacting with us & other animals on our property. I.E., people, dogs, cats, chickens & wildlife.

Weather may adjust the timing of these adventures but your dog(s) will have a minimum of 4 walks per day.

If your pet becomes ill while you are away and requires veterinary services, we will contact you & your preferred Veterinarian first. If your preferred Veterinarian is unavailable, your signature below authorizes us to take your pet to the Veterinarian that is available at the time as our primary care provider for your dog. The expense of any veterinarian services will be the responsibility of the Pet Owner.

Thank you for choosing Orland Unleashed!

Pet Owner's Signature

Date: _____

Orland Unleashed-Owner Signature

Date