



3233 Chautauqua Road, Holton, Kansas 66436

Complete this application and eithermail or fax.

Mail: Attn: Tanya Rokey

Fax: 785.872.3220

Daycare and Boarding Agreement for Dogs

(Please Print Clearly)

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email: _____

Name of Dog(s): _____ Breed(s): _____

Weight: _____ Color: _____ Birthdate: _____

Check where appropriate:

1. Male Female Spayed / Neutered
2. Male Female Spayed / Neutered

General Information

Is your dog housebroken? Yes No Signal? _____ Schedule _____

Command Words (as well as words he / she knows) _____

Bark much? _____ Used to a fenced yard? _____

Where Sleep? _____ Confine at Night? _____ Confine when you are gone? _____

Used to being alone? _____ How long? _____

Allowed on furniture? _____ Like car rides? _____ Door Dasher? _____

Is your dog authorized to play in group play? Yes No or One on One only (additional charge)

Normal exercise times? _____

Has your dog ever attended daycare or been boarded in a cage-free environment? Yes No

If yes, which kennel? _____

Does your dog go to the dog park? Yes No

Does your dog tolerate other dogs? _____ Does your dog tolerate cats? _____

Has your dog ever bitten a person or another dog? Yes No

If yes, please explain: _____

Has your dog ever exhibited aggressive behavior towards people or other dogs? Yes No

If yes, please explain: _____

Has your dog ever been bitten or attacked by another dog, or been abused? Yes No

If yes, please explain: _____

Has your dog ever been injured as a result of being at the dog park, dog daycare or playing with another dog?

Yes No

Has your dog ever had a bath? _____ If yes, how did he / she react? _____

Has your dog ever tried to climb a 6 foot fence? _____

Does your dog have any exercise limitations? _____

Does your dog have any sensitive areas that should not be touched or petted? _____

Does your dog board well? Yes Never Boarded No

If no, please explain: _____

Afraid of storms? Noises? _____

Destructive in Home? _____ Destructive in Yard? _____

Does your dog wear a bark collar? Yes No Type: Citronella Shock

Eating Habits: Eats all food at mealtime Nibbles throughout day

Goes for periods without eating Sometimes requires more palatable food to be mixed in to eat

Normal feeding time(s)? _____

Is it okay to give your dog treats? Yes No

Does your dog eat or chew on his bedding? Yes No

In your opinion, is your dog Underweight Ideal Weight Overweight

Your Pet's Personality:

Almost always: 10

Sometimes: 5

Hardly ever: 0

_____ Run away from new situations.

_____ Cringe when someone strange bends over him/her?

_____ Get excited by moving objects such as bikes or squirrels?

_____ Wolf down food?

_____ Hide behind you when unable to cope?

_____ Urinate during greeting behavior?

_____ Stalk cats, other dogs or things in the grass?

_____ Like to dig and bury things?

_____ Act fearful in unfamiliar situations?

_____ Stand his ground or investigate strange objects or sound?

_____ When excited, barks in a high pitched voice?

_____ Get along with other dogs?

_____ Tremble or whine when unsure?

_____ Like to play tug of war games to win?

_____ Pounce on toys?

_____ Get along with people?

_____ Crawl or turn upside down when reprimanded?

_____ Bark or growl in a deep tone?

_____ Shake and "kill" toys?

_____ Bark when left alone?

_____ Act reluctant to come close to you when called?

_____ Guard territory?

_____ Solicit petting or like to snuggle with you?

_____ Steal food or garbage?

_____ Guard food or toys?

_____ Have difficulty standing still when groomed?

_____ Likes to be groomed?

_____ Like to carry things?

_____ Dislikes being petted?

_____ Seek eye contact with you?

_____ Guard the owner(s)?

_____ Follow you around like a shadow?

_____ Dislike being groomed or bathed?

_____ Play a lot with other dogs?

_____ Like to fight with other dogs?

_____ Jump up to greet people?

_____ Sniff the ground or air a lot?

_____ Get picked on by other dogs (either now or when he / she was young?)

_____ Show reproductive behaviors such as courting or mounting other dogs?

Favorite activities _____

Please share any additional information that may be helpful to our staff in providing the best possible care and enjoyable stay for your pet while at HOMESTEAD PET RESORT & SPA.

Medical Information

Vaccination Policy:

To prevent the spread of disease while your pet is in our care, dogs must be current on rabies, bordetella (within the last six months) and distemper vaccinations. It is the responsibility of the owner to provide proof of vaccination history for each animal boarding. The vaccinations must have been administered by a veterinarian. To insure the protection of all the pets under our care, the following vaccinations must be up to date 5 days prior to boarding. (For cat's requirements, see boarding agreement for cats on registration form.)

Please list the current expiration dates for the following vaccinations:

Rabies _____ DHLPP _____ Bordetella _____

Owner understands that even if Owner's dog(s) is vaccinated against Kennel Cough (Bordetella) there is a chance that the Owner's dog can still contract Kennel Cough or another illness during their stay at HOMESTEAD PET RESORT & SPA. (initials) _____

Has your dog ever had kennel cough? Yes No

Has your dog been ill in the last 30 days? Yes No

Is your dog displaying any unusual symptoms such as coughing, sneezing, or upset stomach?

Yes No

Has your dog ever had a seizure? _____ If yes, last seizure date: _____ Treatment: _____

Does your dog have hip dysplasia? _____ Allergies? _____

For the safety and health of your dog and our other guests we also require proof that a regular deworming, administered by a veterinarian, has occurred within the last 30 days.

When was your dog's last fecal exam? _____ Veterinary certification provided ____ Yes ____ No

Method of flea/tick control: _____

When last administered/applied? _____

If your dog requires medications we will dispense the prescribed dosages provided the meds are authorized by your veterinarian and in their prescription container. Moderate rates will be charged. For fee schedule, call during normal business hours.

Medical Emergency Information

Veterinarian's Name / Clinic: _____ Phone: _____

Address: _____ City: _____

3 Emergency Contact (other than owner):

Name:

Phone:

Relationship:

Emergency Medical Care: If, in our judgment, your pet requires immediate medical care due to illness or injury and we are unable to reach you or the Emergency Contact, we will take your pet to a veterinarian or animal hospital.

Please perform whatever services the doctor deems necessary for the best care of my pet until I or my authorized agent can be reached. I authorize up to the following amount:

\$300.00 _____ \$500.00 _____ \$1,000.00 _____ Unlimited _____

Yes (initials) _____ By initialing here, you agree to be solely responsible for the payment of all medical bills for your pet and you release HOMESTEAD PET RESORT & SPA, its officers, directors, agents, and employees of and from any and all responsibility for, or claims, damages, debts, arising out of or related to such medical care, including, but not limited to, transportation to/from the veterinary clinic and choice of veterinarian and animal hospital.

Do Not administer any medical treatment until specific authorization is given by the owner or their authorized agent. (initials) _____

If no treatment is to be given or your pet does not respond to medical treatment and expires, do you wish us to:

Preserve the remains for you? Yes (initials) _____
 No (initials) _____

OR

Have your pet cremated for you? Yes (initials) _____ By initialing here, you agree to be solely responsible for the payment of all costs and you release HOMESTEAD PET RESORT & SPA, its officers, directors, agents, and employees of and from any and all responsibility for, or claims, damages, debts arising out of or related to such cremation, including transportation to/from the facility performing the service.

Picking Up Your Pet

HOMESTEAD PET RESORT & SPA will release your dog to the following person(s):

By checking here, you may verbally (by telephone) or in writing (facsimile or otherwise) request that HOMESTEAD PET RESORT & SPA release your pet to someone other than the person(s) listed above, and you release HOMESTEAD PET RESORT & SPA of and from any and all responsibility for releasing your pet to any person HOMESTEAD PET RESORT & SPA reasonably believes to be authorized by yourself.

***** Please Read and Initial Each Section *****
HOMESTEAD PET RESORT & SPA Canine Policies

_____ HOMESTEAD PET RESORT & SPA reserves the right to immediately change your dog's type of boarding/daycare if we believe it is necessary to protect the health and well-being of your dog, other dogs, or our staff.

_____ All dogs must be healthy, and current on all vaccinations, fecal exam and flea / tick control. You will be required to bring a copy of your dog's updated vaccination and fecal exam records from your vet before you start daycare or board with us to ensure your dog's safety and health as well as that of our existing HOMESTEAD PET RESORT & SPA dogs.

____ If your dog is exhibiting any symptoms that may suggest illness such as sneezing, coughing, wheezing, runny eyes or nose, vomiting, lethargy, or diarrhea, please do not bring your dog to daycare or boarding. Un-spayed females in heat are not accepted. Dogs with flea or tick problems will be bathed at the owner's expense.

____ Checkout time for boarders is noon Monday through Saturday. Dogs leaving after this time will be charged an additional daycare fee. Boarders are subject to 24-hour cancellation policy. A deposit or credit card imprint is required upon your dog's arrival. All charges must be paid in full upon pick-up of your dog. Dogs left ten days beyond the agreed pick-up date will become property of HOMESTEAD PET RESORT & SPA and may be disposed of at the kennel's discretion.

____ Changing your pet's food can cause severe upset stomach. Please bring enough of your pet's food for the boarding period. The house brands of food are Hills Science Diet and Iams. If you don't supply an adequate amount, we will feed one of the house brands and charge accordingly. Please do not bring bowls for your dogs. Owners are welcome to bring their own bedding or toys if desired. However, we cannot guarantee that they will be returned in the same condition.

____ We accept Visa, MasterCard, cash, or check (please note, there is a \$35 returned check fee). Payment is due upon pickup of your pet. Unless you indicate otherwise, your credit card on file will be charged for your fees. HOMESTEAD PET RESORT & SPA reserves the right, without notice, to adjust its fees for services. Please inquire as to our current fees.

Contract

By submitting this form,

- a. ____ You understand that the dogs boarded at HOMESTEAD PET RESORT & SPA are not confined to individual cages and the dogs are allowed to cohabitate. It is understood that dogs will have contact with other dogs. This means there is a risk of injury or illness associated with contact with other dogs. By agreeing to allow the animals to cohabitate, you recognize and assume all risks associated with an environment where animals interact and you agree to hold HOMESTEAD PET RESORT & SPA harmless with regard to any illness or injury contracted or sustained due to that interaction.
- b. ____ Agree that your dog will be boarded without confinement to individual kennels and that the pet will cohabitate with others. In addition, you certify that you are aware of no reason that the listed dog would not safely cohabitate with others.
- c. ____ You wish the above listed dog to be boarded in an individual kennel.
- d. ____ By signing this Agreement and leaving pet with HOMESTEAD PET RESORT & SPA you certify to the accuracy of all information given about said pet. HOMESTEAD PET RESORT & SPA reserves the right to deny admittance to your pet for any reason at any time.
- e. ____ You indicate your agreement with all the policies and terms listed hereof.
- f. ____ You authorize HOMESTEAD PET RESORT & SPA to obtain medical and vaccination records for your dog from the veterinarian listed above and you hereby authorize your veterinarian to provide these records to HOMESTEAD PET RESORT & SPA.
- g. ____ You agree to pay the rate for pet care provided in effect on the date pet is checked into HOMESTEAD PET RESORT & SPA.

- h. ____ You further agree to pay all costs and charges for special services requested, and all veterinary costs for the pet during the period said pet is in the care of HOMESTEAD PET RESORT & SPA.
- i. ____ You release, indemnify, and agree to hold HOMESTEAD PET RESORT & SPA harmless from any and all manner of damages, claims, loss, liabilities, costs or expenses, causes of actions or suits, whatsoever in law or equity, (including, without limitation, attorney's fees and related costs) arising out of or related to the services provided by HOMESTEAD PET RESORT & SPA, including transportation services, except which may arise from the sole gross negligence or intentional and willful misconduct of HOMESTEAD PET RESORT & SPA, including, without limitation, (i) any inaccuracy in any statement made by yourself or information provided by you to HOMESTEAD PET RESORT & SPA, (ii) your dog, including but not limited to destruction of property, dog bites, injury, and transmission of disease, and (iii) any action by yourself which is in breach of the terms and conditions of this agreement.
- j. ____ Any controversy or claim arising out of or relating to this contract, or the breach thereof, or as the result of any claim or controversy involving the alleged negligence by any party to this contract, shall be settled by arbitration in accordance with the rules of the American Arbitration Association, and judgment upon the award rendered by an arbitrator may be entered in any Court having jurisdiction thereof. The arbitrator shall, as part of his award, determine an award to the prevailing party of the costs of such arbitration and reasonable attorney's fee of the prevailing party.
- k. ____ This agreement covers the current relationship between HOMESTEAD PET RESORT & SPA and yourself. Each time you bring your dog to HOMESTEAD PET RESORT & SPA, you affirm the terms of this Agreement, and the truthfulness and accuracy of all statements you make in this Agreement.

We require that you keep a major credit card on file at HOMESTEAD PET RESORT & SPA for billing purposes and in case of emergency medical expenses.

Signature: _____ Date: _____

Credit Card Number: _____ Exp: _____ Auth. Code: _____

VISA MasterCard

How did you hear about HOMESTEAD PET RESORT & SPA?

Please let us know as we would like to thank them properly.

COMPANY USE ONLY: Employee _____ Evaluation Code A B C D F

Received on: _____