

Almost Home Boarding & Grooming

BOARDING CONTRACT

Please read carefully.

Owner Information

First & Last Name: _____

Phone Number: _____

Email Address: _____

Pet Information

Name: _____

Weight: _____

Age: _____

Drop-Off Date: _____ Pick-Up Date: _____

Feeding Instructions

| | Dry | Wet | Treat |
|-----------|-----|-----|-------|
| Breakfast | | | |
| Lunch | | | |
| Dinner | | | |

Please indicate quantity.

Please check one.

- Own Food House Food (\$2/Day)

If your pet runs out of food, would you like us to call you or use House Food?

- Call Use House Food

Medication Instructions

| Name | Dosage | Frequency | Reason |
|------|--------|-----------|--------|
| | | | |
| | | | |
| | | | |

Health or Medical Issues:

Flea & Tick Preventative Used: Topical Pill Collar Date of Last Dose: _____

Would you like to purchase a daily boarding package? If so, please select one below.

- Playful Pup (+\$15) Perky Pup (+\$25) Pampered Pup (+\$35)

- Upgrade One-on-One to Group Playtime

Add-Ons: Please check the days you would like any of the following add-ons. Please note that not all add-ons are offered every day of the week.

| | | Sun. | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. |
|---------------------|------|------|------|-------|------|--------|------|------|
| One-on-One | \$10 | | | | | | | |
| 1 Hour Play Group | \$10 | | | | | | | |
| House-Made Pupsicle | \$1 | | | | | | | |
| Peanut Butter Kong | \$4 | | | | | | | |
| Snuffle Mat | \$5 | | | | | | | |
| Leash Walk * | \$12 | | | | | | | |

Agreements & Disclosures

1. I understand that if fleas and/or ticks are found on my pet at any time during this stay, I will be charged \$20 - \$25 (depending on weight) for one application of Simparica Flea/Tick Preventative to protect my pet and other pets in the facility.
2. I authorize AHBG to photograph my pet(s) and post photos on their website and social media sites.
3. If at any time during my pet(s) stay veterinary treatment is considered necessary, I authorize for treatment to be provided. I understand that I am responsible for the cost of the treatment and will be notified immediately if this happens. I understand and agree that AHBG will not be liable for any problems that develop provided reasonable care and precautions are followed while my pet is under AHBG care.

Signature of Owner or Owner's Agent: _____ **Date:** _____

Contact Name and Number: _____

** If Leash Walks are requested, please be sure to read and sign below.*

I hereby give AHBG permission to take my dog on leash walks on AHBG surrounding property, including locations outside of fenced areas, and understand that this will be done in a safe manner and away from traffic. All dogs participating in leash walks will be double leashed and harnessed to help ensure safety. I realize that there are certain risks involved with leash walks and that I will not hold AHBG responsible in any way, should any harm befall my dog. I further understand that due to the way dogs interact with one another, minor cuts and scratches can occur even though the dogs are always supervised. Although AHBG carefully screens all applicants, occasionally we discover that this is not an appropriate environment for every dog. AHBG reserves the right to permanently remove a dog from daycare and/or leash walks at any time. I hereby release AHBG from any and all liability, claims, suits, actions, loss, injury, or damage of any nature or kind, of for any liability, claims, suits, actions, loss, injury, or damage which I or my dog(s) may sustain, or which may be caused in any way by my dog(s). I specifically, without limitation, agree to fully indemnify AHBG for any and all such liability, claims, suits, actions, loss, injury, damage, or death.

Signature: _____ Date: _____