

Sheldegren Pet Resort & Salon

BOARDING/GROOMING CONTRACT

Owner Name: _____

Telephone: _____ Cell Phone # (s) _____ Emerg.# _____

Street Address: _____

City: _____ State/Zip: _____

Pet #1 Name: _____ Breed/Breed Mix: _____

Sex (M/F) Neutered/Spayed? Yes/No Color: _____ Weight: _____ Age _____

Any known ailments/allergies, e.g. shampoos,perfumes,types of food, etc? _____

Pet #2 Name: _____ Breed/Breed Mix: _____

Sex (M/F) Neutered/Spayed? Yes/No Color: _____ Weight: _____ Age: _____

Any known ailments/allergies, e.g. shampoos,perfumes,types of food, etc? _____

Veterinarian Office Name: _____ Phone: _____

Has your dog ever bitten anyone? Dog #1 Y/N Dog#2 Y/N Has your dog been kenneled before? Dog#1 Y/N Dog#2 Y/N

Is your dog able to go out with other dogs? Dog#1 Yes/No Dog #2 Yes/No

Pet #1

Our Food Your Food (Brand Name and type) _____ How much by Cup? _____

How often do you feed your pet? Am Pm 2 times a day Am & Pm Other (Please Specify) _____

Do you mix in water and/or Canned food ? Yes/No If so, How much water and/or Canned food? _____

Cookies or treats? How many and how often per feeding? Am Pm 2 times a day Am & Pm Other (please Specify) _____

Pet #2

Our Food Your Food (Brand Name and type) _____ How much by Cup? _____

How often do you feed your pet? Am Pm 2 times a day Am & Pm Other (Please Specify) _____

Do you mix in water and/or Canned food ? Yes/No If so, How much water and/or Canned food? _____

Cookies or treats? How many and how often per feeding? Am Pm 2 times a day Am & Pm Other (please Specify) _____

FOR FAMILIES WITH 2 OR MORE PETS SHARING A KENNEL OR RESIDING AT SAME TIME ONLY:

When sharing a run, do they need to be supervised/separated during feeding?

Yes No

If in separate runs, can they play together during exercise?

Yes No

Are there any food possession/toy possession issues?

Yes-Dog Yes-Human Yes-both No

How did you hear about us? _____

Email Address: _____

The above described pet(s) is hereby accepted for the services indicated. The pet(s) will be kept in a clean and sanitary condition with ample food and water provided. All reasonable precautions will be taken for the well-being of the pet(s) but the kennel and its owner are in no way liable for loss or damage from disease, death, running away, theft, fire, injury to persons, other pets and/or property by said pet.

In the case the pet(s) become ill or appears to need the attention of a veterinarian, the kennel operator will first call the pet's owner at the number listed. Failing that, the above-designated veterinarian will be called. Failing that, any licensed veterinarian by the State of Florida will be called. All charges from such a veterinarian are to be at the expense of the pet(s) owner.

The pet(s) owner certifies that the said pet(s) has not been exposed to Distemper, Rabies, Bordetella, and/or other contagious disease within the prior thirty(30) days and is in good health. **However, even those vaccinated for kennel cough can still contact a variety of strains not covered by the vaccination. We are not responsible for any veterinarian bills if this is to occur.** If your dog is found with a tick infestation, they will not be allowed to board. If it is determined after drop off that your dog has fleas or ticks, the dog will be treated at the owner's expense. This may include the shaving of your dog and other costs associated with protecting the other dogs in the facility.

If any pet(s) is not picked up or arrangements made for the settlement of the bill within fourteen (14) days of the specified departure date, the kennel owner may dispose of such pet at his/her discretion. Owner is responsible for any and all collection, court and/or attorney costs and fees on unpaid bills.

FOR GROOMING: Due to the condition of your pet, matted or temperament, all precautions will be taken to avoid accident or injury. However, it may cause stress, brush burn, clipper burn and/or nicks. I will not hold Sheldegren or employees responsible.

I AGREE TO THE FOREGOING CONTRACT AS OWNER OF THE PET(S) DESCRIBED:

OWNER SIGNATURE: _____ DATE: _____