

# SHELDEGREN PET RESORT & SALON

## BOARDING/DAYCARE/GROOMING CONTRACT

### OWNER INFORMATION

Last Name:		First:	
Street address:		Home phone no.:	Cell Phone no:
		(     )	(     )
City:		State:	Zip:
Email Address:		How did you hear about us:	
Emergency Contact Name:	Emergency Phone No:	Additional Cell phone no:	
	(     )	(     )	
Vet Office Name :	Vet Office Phone no:		

### PET #1 INFORMATION

Pet #1 Name	Birth date:	Breed/Breed Mix	Weight
	/ /		
Sex(M/F) Spayed/Neutered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Color:	
Any known Aliments/ Allergies:	<b>Bitten Anyone:</b>	Kenneled before:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your dog able to go out with other dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No Issues?			
Feeding instructions: <input type="checkbox"/> Kennels Food <input type="checkbox"/> Your Food (Brand Name and Type)			
How often do you feed your pet		<input type="checkbox"/> 2x a day <input type="checkbox"/> Am only <input type="checkbox"/> Pm only <input type="checkbox"/> Other:	How much (by cup)?:
Do you mix with Water/and or canned food?		Cookies or Treats? How many & How often?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 2x a day <input type="checkbox"/> Am only <input type="checkbox"/> Pm only <input type="checkbox"/> Other:	

### PET #2 INFORMATION

Pet #2 Name	Birth date:	Breed/Breed Mix	Weight
	/ /		
Sex(M/F) Spayed/Neutered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Color:	
Any known Aliments/ Allergies:	<b>Bitten Anyone:</b>	Kenneled before:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your dog able to go out with other dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No Issues?			
Feeding instructions: <input type="checkbox"/> Kennels Food <input type="checkbox"/> Your Food (Brand Name and Type)			
How often do you feed your pet		<input type="checkbox"/> 2x a day <input type="checkbox"/> Am only <input type="checkbox"/> Pm only <input type="checkbox"/> Other:	How much (by cup)?:
Do you mix with Water/and or canned food?		Cookies or Treats? How many & How often?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 2x a day <input type="checkbox"/> Am only <input type="checkbox"/> Pm only <input type="checkbox"/> Other:	

**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

**FLIP OVER**

**FLIP OVER**

**FLIP OVER**

**FLIP OVER**

**FLIP OVER**

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. It is expressly agreed by Owner/Guardian and Sheldegren that Sheldegren's liability, in no event shall exceed \$200 which is the current tangible value of a pet of the same breed per animal admitted. Assumption of Risk: owner/guardian understands that Sheldegren utilizes playgroups where dogs interact and co-mingle with other dogs. Owner/Guardian agrees that their dogs(s) may be removed from a playgroup at Sheldegren's discretion for aggressive behavior. Owner/Guardian further understands that when dogs play in groups, cuts, nicks, scratches may occur. **Sheldegren's policy is to inform Owner/Guardian of any and all minor cuts, nicks and scratches by phone during camp hours or when pet is picked up.** Owner/Guardian agrees that their pet may be videotaped, photographed and recorded.

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 be 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 RELEASE ALL VACCINATION RECORDS TO SHELDEGREN IN THE EVENT WE NEED TO CALL YOUR VETERINARIAN TO GET SUCH RECORDS**

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

OWNER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_