

Date In: _____

Date Out: _____

ARRIVAL CHECKLIST

Name: _____ Pets Name: _____

Basic Daily Rate: \$ _____

Additional Dogs Daily: \$ _____

Boarding includes DAY PLAY

Total Rate: \$ _____ (Per night)

\$3 surcharge on 12/24-12/26

CLOSING TIME WEEKDAYS 6:30 PM

Check Out 2:00 pm or an additional day will be charged. CLOSING TIME WEEKENDS 5:00 PM

Pick up after closing time will result in a \$20 late fee.

Is guest being groomed? _____ BB/FSG Spa Package _____ Dashed _____ **Pick-up time:** _____

If so, no additional day fee charged if picked up after 2:00 pm on that day.

Current dog food: _____

Please give us your dog's current feeding amounts and schedule:

AM: _____

NOON: _____

PM: _____

Are there any cuts, scratches, hot spots or injuries we should be aware of?

Any known allergies?

Any additional comments or special instructions?

Is your pet currently using any flea or tick preventatives? Yes No If so, please indicate the date it was last given:

Date last given: _____

*If your dog is **NOT** currently protected with a flea or tick preventative we do offer a flea/tick package for additional \$20 on top of the original bath price. The package includes a flea bath with one month supply of K-9 Advantix that we can administer to your pet for you. **If you decide to decline the package, AND your dog is not currently protected during your dog's stay, Canine Courtyard is NOT liable for fleas or ticks found on your dog upon, or after pick up.** (We do actively treat our facility and yards to prevent fleas and ticks.)

turn over →

Date In: _____

Date Out: _____

BASICS OF BOARDING

I understand that leaving a dog in a kennel is like leaving a child in school. Colds, coughs, viruses, etc. may occur. I am aware in such case; Canine Courtyard will have a veterinarian treat my dog. ***In the event that I cannot be contacted, I authorize Canine Courtyard, using sound and professional judgement, to transport my dog(s) to the veterinary practice listed below for immediate care. Should the listed practice be closed or unable to provide service to my pet(s), Canine Courtyard is authorized to select a practice best suited for the type of injury or illness. I acknowledge that I am responsible to pay all expenses incurred (before, during and after boarding) at either practice and agree to reimburse Canine Courtyard in full upon Check-out.***

Initial: _____

Current Veterinary Clinic: _____

I understand and agree that the Bordetella vaccination is required by Canine Courtyard to help in the prevention of kennel cough; however, it is much like a flu-shot and does not guarantee that a dog will not contract kennel cough.

Boarding-induced stress is common among dogs. While boarding with us, dogs are constantly on “alert” and are hyperaware of their surroundings. This in turn can cause stress which can include but not limited to: vomiting, fatigue, diarrhea, and loss of appetite. These symptoms can last up to a week or more. I understand that my dog may experience boarding-induced stress and accept that the benefits outweigh the risks.

Day play dogs will be supervised at all times. However, any time groups of dogs play off of a leash together there is a chance for injury. By signing below I’m giving permission for my dog(s) to play off leash with other dogs and play on equipment while in the daycare facility. I understand that there are risks and benefits associated with group socialization of dogs. I agree that the benefits outweigh the risks and that I accept the risks. I understand that while socialization and play are closely monitored by Canine Courtyard staff to prevent injury, it is still possible that during the course of normal play my dog may receive minor nicks and scratches from roughhousing with other dogs. I hereby release Canine Courtyard of any liability of any kind arising from my dog(s)’s participation in any and all services provided by Canine Courtyard.

Canine Courtyard takes every precaution to ensure that dogs remain healthy and without injury for the duration of their stay. By signing this disclaimer I state that I have read and understand the conditions set forth and that I agree to all conditions set forth herein, and that I sign this voluntarily.

Printed Name _____

Signature: _____

Current Cell Phone Number: _____ **Emergency Numbers:** _____

Date: _____