PET PEEVES, LLC

Consulting/Training For Pet Behavioral Problems
HomeStyle Boarding And Daycare
www.petpeevesllc.com

Pet Boarding Form

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Golden, Colorado

OWNER:
Owner's Full Name(s):_____ Home Phone:_____
Street Address:_____Apt.:_____ Business Phone:_____
City:_____State:_____Zip:_____ Cell Phone:_____
E-mail Address:_____
Guardian in case of emergency:_____Phone:_____Cell Phone:_____
Vet Clinic Name:_____Doctor's Name:_____
Who referred you to Pet Peeves, LLC: (Please circle) Vet Phone Book Ad Friend Other:

PET:
Pet's Name:_____
Sex: Male / Female Neutered / Spayed
Breed:_____Color:_____Weight:_____lbs Date of birth: ___/___/__
Source of Pet: (Please Circle) Breeder Newspaper Rescue Shelter Other_____

FOOD:
What brand of food do you feed your dog:
(Please circle) Iams Science Diet Nutro Lamb & Rice Purina Innova Canidae Pedigree
Eukanuba Natures Recipe Beneful California Gold Proplan Other:_____
Owner Provided: _____
Amounts: (Please circle)
AM ½ Cup 1 Cup 1 ½ cups 2 cups 2 ½ cups 3 cups 3 ½ cups 4 cups
Noon ½ Cup 1 Cup 1 ½ cups 2 cups 2 ½ cups 3 cups 3 ½ cups 4 cups
PM ½ Cup 1 Cup 1 ½ cups 2 cups 2 ½ cups 3 cups 3 ½ cups 4 cups
Can your pet have treats: (Please Circle) Yes No
List any food allergies:_____

MEDICATIONS::
Is your pet on medications: (Please Circle) Yes No
What type of medication?_____
How often is the medication administered?_____
PLEASE PROVIDE NECESSARY MEDICATION.

GENERAL: (Please Circle)
During thunderstorms your dog's reaction is: None Fearful Extreme
Has your dog stayed in a kennel before: Yes No If yes, was the dog's experience:
Good Fair Poor
Has your dog ever jumped a fence: Yes No
Is your dog aggressive towards other dogs: Yes No
Has your dog ever bitten anyone: Yes No
Please briefly describe any health problems, physical conditions or mannerisms that this dog has.
_____
_____

VACCINATION RECORDS:
Required vaccinations are Bordetella, Rabies, Distemper, other. PLEASE have the current records faxed to our office prior to your arrival.

AGREEMENT:

I/We (name) _____, do hereby entrust Pet Peeves, LLC to care for my/our (Pet name)_____(Breed)_____ for his/her boarding/daycare stay from (dates)_____through_____, and agree to all the terms listed below. I/We authorize Pet Peeves, LLC to do whatever they deem necessary for the health and well being of my dog(s) and agree to pay for any and all expenses related to same.

I/We agree to pay daily boarding/daycare at Pet Peeves, LLC posted rates. If my pet(s) require(s) Special Care (for geriatrics, etc.) I /We authorize Pet Peeves, LLC to provide that care and agree to pay for those services.

I/We agree to pay for any auxiliary services or products requested by me/us such as transportation, grooming, etc. I /We agree that I/We am/are solely responsible for any damages that the above named pet(s) may cause through malicious or improper conduct.

If my/our pet(s) are to be boarded at anytime, I/We agree that I/We will pay for ALL DAYS RESERVED regardless whether the pet(s) is picked up earlier than expected. A 50% NONREFUNDABLE deposit will be required to hold my/our reservation and for any cancellation any time prior to the reserved date(s).

I/We understand that Pet Peeves, LLC will not be responsible or liable for damages or injuries or circumstances beyond its control involving client(s) or any other person(s), or to any property or other animal(s), or any part thereof. I/We agree to hold Pet Peeves, LLC harmless from any and all claims, damages, expenses, and liabilities of any nature whatsoever.

I/We understand that my pet(s) will be co-mingling with other dogs from different owners at anytime during its stay at Pet Peeves, LLC. I/We understand that my dog(s) may be confined in a crate or other similar man made enclosure for periods of rest or sleeping at anytime during its stay at Pet Peeves, LLC.

I/We understand that Pet Peeves, LLC services will end according to our pre arranged service schedule. If I/We are delayed from my/our return home and do not accept possession of my/our dog(s) on this date, I/We agree to contact and notify Pet Peeves, LLC so that the boarding/daycare visit may be extended and authorized as necessary. I/We understand that I/We am/are responsible for an additional fee of $50.00/day for extended boarding/daycare visits if Pet Peeves, LLC is not notified in a timely manner.

This release shall be binding upon and insure to the benefits of the parties, their successors, assigns and personal representatives. I/We have read this agreement on this date_____understood its terms and signed it freely,

Signature of owner or owner's agent:_____