

Dog Daycare and Boarding Service Contract

THIS AGREEMENT is entered into by and between Splash Premier Pet Resort (hereafter referred to as Splash) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (owner):

1. Owner understands and agrees that Owner is solely responsible for any harm caused by Owner’s dog(s) while Owner’s dog(s) is/are attending Splash. \_\_\_\_\_\_\_\_\_\_ (initials)
2. Owner understands and agrees that during normal dog play, Owner’s dog(s) may sustain injuries. All dog play is carefully monitored by Splash to avoid injury, but scratches, punctures, torn ligaments, etc., may occur despite supervision. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (initials)
3. Owner understands and agrees, in admitting Owner’s dog(s) to Splash, that Splash has relied upon Owner’s representation that Owner’s dog(s) is/are in good health and has/have not harmed, shown aggression, or exhibited any threatening behavior toward any other dog or person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (initials)
4. Owner understands and agrees that neither Splash nor any of its employees will be liable for any injury, illness, death, and/or escape of Owner’s dog(s) provided that reasonable care and precautions are followed, and the Owner hereby releases Splash and all employees of any liability of any kind whatsoever arising from or as a result of Owner’s dog(s) attending or participating at Splash. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (initials)
5. Owner hereby authorizes Splash to arrange emergency veterinary care, releasing Splash from all liabilities relating to transportation, treatment, and expense. Owner authorizes Splash to approve medical/emergency treatment as recommended by a veterinarian. Owner agrees to reimburse Splash for any expenses incurred. \_\_\_\_\_\_\_\_\_\_\_\_ (initials)
6. Owner understands and agrees that any behavioral or health problems that develop with the Owner’s dog(s) while at Splash will be handled and treated as deemed best by the employees of Splash, at their sole discretion, and Owner expressly agrees to assume full financial responsibility for any and all expenses arising or relating hereto. This includes aggressive or destructive behavior. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (initials)
7. Owner understands and agrees that Owner’s dog(s) will at all times while attending Splash have current vaccination/immunization status. Owner further understands that his/her dog(s) cannot attend daycare or boarding at Splash without proof of current vaccinations as administered by a licensed veterinarian. PLEASE NOTE: vaccination records provided by breeders do not meet the county and state requirements for proof of vaccines and are therefore not acceptable proof of vaccinations at Splash. \_\_\_\_\_\_\_\_\_\_\_\_ (initials)
	1. Rabies vaccine is administered as a one-year or three-year vaccination and must be current.
	2. Distemper vaccine is administered as a one-year or three-year vaccination and must be current.
	3. Bordetella vaccine / booster is required every six months at Splash.
8. Owner understands that even dogs vaccinated with Bordetella can contract Canine Cough, a highly contagious upper respiratory viral infection that is transmitted between dogs primarily through direct contact but can also be transmitted by airborne droplets. Owner also understands that there are multiple strains of Canine Cough and that all dogs are at risk of contracting Canine Cough whenever they are around other dogs, such as at dog parks, veterinary offices, dog beaches and any other setting where dogs are present. Owner agrees that, if his/her dog(s) contracts Canine Cough then he/she will not bring their dog(s) to Splash until completely free of the virus, and that Owner will not hold Splash responsible if Owner’s dog(s) contracts Canine Cough. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (initials)
9. Owner confirms that their dog(s) is/are under the age of fifteen years. Splash cannot accommodate dogs that are fifteen years old or older.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (initials)
10. Owner understands and agrees to comply with federal and state Animal Abandonment rules. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (initials)
11. COVID-19 policies and protocols: In order to protect our staff, clients and the public, we require that everyone entering our facility wear a cloth face covering (mask) and practice the CDC’s recommendations for social distancing. Splash Premier Pet Resort, its owners and staff cannot be held liable for any illness that may befall anyone who visits our facility. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (initials)
12. Owner understands and expressly agrees that each and every foregoing provision contained in Paragraphs 1-10 above shall be in force and effect and shall apply to each and every occasion that Owner boards or deposits Owner’s dog(s) with Splash for daycare, extended boarding, grooming or training, and that this agreement shall remain in full force and effect as between the parties until and unless otherwise cancelled or updated in writing and signed by both parties. \_\_\_\_\_\_\_\_\_\_\_\_\_ (initials)

Owner hereby certifies that Owner has read and understands these rules as set forth above, and that Owner has read and understands this Agreement, and each of its terms and conditions, and agrees to abide and be bound by these rules and regulations.

Owner signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Owner Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of Dog(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PET PROFILE

How did you hear about us? Google\_\_\_\_\_ Instagram \_\_\_\_\_ Yelp \_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OWNER’S INFORMATION

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FULL NAME(S) EMAIL ADDRESS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS CELL PHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMERGENCY CONTACT NAME PHONE # RELATIONSHIP TO OWNER

VETERINARY CLINIC NAME and PHONE #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOG’S INFORMATION

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

M\_\_\_ F\_\_\_ NEUTERED/SPAYED? \_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_ BREED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WEIGHT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COLOR/MARKINGS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE DESCRIBE ANY BEHAVIORS WE SHOULD BE AWARE OF IN ORDER TO PROVIDE OPTIMAL CARE AND SAFETY FOR YOUR DOG \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU TAKE YOUR DOG TO DOG PARKS? Y N

DO YOU TAKE YOUR DOG TO DOG BEACH? Y N

DOES YOUR DOG GO ON PACK WALKS OR OTHER DOG GROUP ACTIVITIES? Y N

IS YOUR DOG CRATE TRAINED? Y N

FEEDING: WHAT BRAND OF FOOD DO YOU FEED? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FEEDING SCHEDULE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANY FOOD ALLERGIES? PLEASE DESCRIBE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL HISTORY

PLEASE LIST ANY PREVIOUS MEDICAL PROBLEMS OR ALLERGIES:

(FOR EX: PRONE TO HOTSPOTS, EAR OR EYE INFECTIONS, ARTHRITIS, PRIOR SURGERIES, ETC.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU HAVE PET INSURANCE FOR YOUR DOG? Y N

MEDICATIONS/SUPPLEMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IS YOUR DOG ON A FLEA CONTROL REGIMEN? Y N BRAND\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANYTHING ELSE YOU WOULD LIKE TO TELL US ABOUT YOUR DOG? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet Care Emergency Authorization Form

To Whom It May Concern:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (owner’s name), owner of the below-described dog, authorize Splash Premier Pet Resort to make emergency veterinary medical decisions, including euthanasia (unless noted below), for the dog described below in the event that I cannot be reached. Where applicable, I have also listed guidelines and limitations of care. I accept financial responsibility for the emergency care of the dog(s).

Owner’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner’s contact information in case of emergency (cell phone): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other contacts (names and phone numbers) who might be able to reach owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of travel or expiration date of this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dog’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed / markings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Microchip number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vaccination dates: DHPP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rabies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bordetella\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications (name, dosage, form, reason for medication):
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other instructions:

I authorize emergency veterinary care costs up to $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I do NOT authorize euthanasia without my direct consent. YES NO

In the event of my dog’s death, I wish for the following to be done with his/her remains: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I do NOT authorize the following procedures/treatments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner’s name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 

CREDIT CARD AUTHORIZATION FORM

Client Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dogs Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CVV:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize Splash Premier Pet Resort to keep my credit card information on file for services rendered.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_