**Board & Train Service Agreement**

|  |  |
| --- | --- |
| Date: | File Number: |
| Phone Number: | Pet Names: |



Contact: Julia Clews

Email: julia.doggie.licious@gmail.com

Social: @DoggieLiciousBarrie

8327 6 Line Utopia

*\*Please fill out one form for each dog so that we may provide the best possible care for your pet. Thank you.*

This agreement is effective from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and is between Julia Clews a/o DoggieLicious and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereinafter referred to as “client”) who resides at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who can we call in the event of an emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This agreement constitutes permission to board & train said animal.

Any changes to this agreement must be done so in writing or they will be null and void. Julia Clews a/o DoggieLicious has the right to make any changes to this agreement at will and without notice. With any changes, a new agreement will be presented before any new services are rendered.

**Type of Animal Boarding:**  Board & Train $\_\_\_\_\_\_\_\_\_\_\_\_ +HST

**Payment for Services:**  Credit Card (Due at the Time of booking online)

 Etransfer (Due at the Time of booking online)

Owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dog’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M / F Date Altered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Microchipped:  Yes  No Chip #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe Collar: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Colors/Markings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did you get your dog: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long have you owned dog: \_\_\_\_\_\_\_\_

Has your dog every attended a boarding facility:  Yes No

If yes, where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pet’s Health Record (must be accompanied by veterinarian records):**

Date of Last Check-up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Last Fecal Exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Flea/Tick Preventative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Last Given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any known allergies, medical problems or restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Has your dog been ill with any communicable diseases in the past month:  Yes⁭ No ⁭

(example kennel cough)

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vaccination Dates: Rabies\_\_\_\_\_\_\_\_\_\_\_\_DHPPV\_\_\_\_\_\_\_\_\_\_\_\_ Parvo\_\_\_\_\_\_\_\_\_\_\_\_ Bordatella\_\_\_\_\_\_\_\_\_\_

Any medical/health concerns (Must fill out Medication Permission slip if administering meds): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Check and Initial Each:

 Veterinarian Release Form read and signed

 Dog Boarding Information Sheet(s) filled out

 Vacation/Trip Log Filled Out

Does your dog have any aggressions toward other animals or people: □ Yes ⁭□ No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Has your dog ever bitten or been bitten: ⁭ □ Yes ⁭ □ No

Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does your dog get frightened easily: ⁭□ Yes ⁭ □ No

If yes, please describe circumstances: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Training Information**

What type of unwanted behavior does your dog display:

Has your dog had any recent issues or illnesses we should know of which may impede on training:

If yes, please list and describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I understand Julia Clews a/o DoggieLicious will do its best to train said dog(s), however, does not guarantee said dog(s) will be free of unwanted behavior. I understand all dogs learn at a different rate and that training is an on-going process. I understand I must keep up the training process on my own or dog(s) may revert to previous behavior.

I understand I am responsible for representing dog(s) in a truthful manner so that trainer has full knowledge in order to train appropriately.

I understand I am solely responsible for any harm the dog(s) may cause to self, trainer, property, other humans or other animals. I further understand I waive any and all claims against Julia Clews a/o DoggieLicious or its employees, unless arising from gross negligence on the part of Julia Clews a/o DoggieLicious. I understand it is my responsibility to keep my dog(s) under control at all times.

I understand my dog(s) must be current on all required vaccinations and must be free and clear of any communicable diseases or parasites including fleas and ticks. I understand Julia Clews a/o DoggieLicious reserves the right to take dog(s) to vet if necessary and I am responsible for all applicable charges including transportation and vet fees.

**Please have all dogs arrive and leave on leashes. Thank You.**

By signing below the client fully understands and agrees to the contents of this application:

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

 Client’s signature Print name Date

**Policies and Procedures**

The client hereto agrees as follows:

1. Julia Clews a/o DoggieLicious and its employees agree to provide services stated in this agreement in a reliable and trustworthy manner. In consideration of these services and as an express condition thereof, the client expressly waives any and all claims against Julia Clews a/o DoggieLicious or its employees.

\_\_\_\_\_\_\_
Client Initial

1. The client understands that all pets must have a veterinarian and must be current with all vaccinations. Vaccinations must be given far enough in advance to be effective. We require 2 weeks. Vaccinations are due 7 days prior to the dogs stay. Copies of records need to be emailed to julia.doggie.licious@gmail.com

\_\_\_\_\_\_\_
Client Initial
2. The client understands that all pets **must** be free of flea and ticks for all services at DoggieLicious. The dog will be taken to a groomer of Julia Clews a/o DoggieLicious’ choosing and given a flea bath at the expense of the owner. If fleas are found on dog, the dog must be picked up immediately by you or your emergency contact. No refund will be given.

\_\_\_\_\_\_\_
Client Initial
3. The client understands that we **will not** administer sedatives to your pet -- regardless if they are veterinarian prescribed. If your pet needs this type of medication you need to make arrangements for your pet to be hospitalized with your veterinarian.

\_\_\_\_\_\_\_
Client Initial
4. Julia Clews a/o DoggieLicious **does not** diagnose, prognose, nor make therapy decisions nor does it offer veterinary services. Any veterinary/medical concerns will be referred to a veterinarian.

\_\_\_\_\_\_\_
Client Initial
5. Julia Clews a/o DoggieLicious **will not** board acutely ill animals or those with uncontrolled medical conditions. We suggest the pet be boarded with a vet. Certain medical conditions may also be referred to a veterinarian for boarding. Pets infected with Feline Aids, FIP, ringworm or any other contagious disease will not be admitted.

\_\_\_\_\_\_\_
Client Initial
6. The client understands that the animals interact with other animals and employees. The client **must** express any known aggression problems that the animal has with other pets or people and must be free of any communicable diseases. The pet is being admitted based on client’s representation.

\_\_\_\_\_\_\_
Client Initial
7. Client is solely responsible for any harm caused by their pet to any employees, other pets/owners, or property. Client agrees to reimburse Julia Clews a/o DoggieLicious all costs (including, but not limited to, medical care and lost wages) associated with exposure to pet(s).

\_\_\_\_\_\_\_
Client Initial
8. Julia Clews a/o DoggieLicious does provide bowls, and bedding; however, if you decide to provide your own, Julia Clews a/o DoggieLicious is not responsible for those items. Please label all items including medications with pet’s name and owner’s name. The client must provide the pet’s own food as a change in diet can cause upset stomachs, if food is not provided the client agrees to reimburse Julia Clews a/o DoggieLicious for all costs.

\_\_\_\_\_\_\_
Client Initial

1. Julia Clews a/o DoggieLicious **does not** accept aggressive animals.

\_\_\_\_\_\_\_
Client Initial
2. Client understands that playgroup settings accidents do happen. Client understands Julia Clews a/o DoggieLicious will not be responsible for scrapes, scratches, playful bites, transmission of diseases, etc. as these things are common amongst play groups.

\_\_\_\_\_\_\_
Client Initial
3. All dogs must be accompanied by a leash or they **will not** be admitted. Collars may be removed during your pet’s stay for safety reasons.

\_\_\_\_\_\_\_
Client Initial
4. Julia Clews a/o DoggieLicious reserves the right to take pet(s) to vet if necessary. Client is responsible for all charges including, but not limited to, vet fees and transportation fees.

\_\_\_\_\_\_\_
Client Initial
5. Julia Clews a/o DoggieLicious reserves the right to deny service or terminate service because of safety concerns, financial concerns, or inappropriate or uncomfortable situations.

\_\_\_\_\_\_\_
Client Initial
6. The client agrees if pet is not picked up, or we are not notified, within 5 days after scheduled pick up date, Julia Clews a/o DoggieLicious will consider pet abandoned and pet will be surrendered to a shelter of Julia Clews a/o DoggieLicious choosing.

\_\_\_\_\_\_\_
Client Initial
7. Full payment is expected at the time of booking before services are rendered. 50% of that payment is a **NON REFUNDABLE DEPOSIT**. In the event of additional unforeseen costs (such as food, supplies, flea bath, vet fees, etc.), payment is expected at the completion of services or a late charge of $50 will be applied and invoiced per month.

\_\_\_\_\_\_\_
Client Initial
8. Cancellations must be received 5 days prior to the scheduled boarding day or a cancellation fee will apply. Once your dog is dropped off for their stay no refund will be given for early pick up. There will be a $25 fee for late pick-ups. If pet is not picked up by one hour after close it will remain for another night and will be billed for another boarding day.

\_\_\_\_\_\_\_
Client Initial

By signing below the client fully understands and agrees to the contents of this agreement:

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

Client’s Signature Print Name Date