

**NEXT TIME YOU'RE  
AWAY...GIVE YOUR DOG  
A VACATION TOO!**



## Silverdale Doggy Vacation Lodge

dogvacationlodge.silverdale@gmail.com

604-820-3230 cell: 604-803-6522

9221 Woodward St. Mission B.C. V4S-1H9

ALL DOG'S NAMES HERE: 1.				2.	3.	4.
Your Name:						
Address:					City:	
Phone (Home)					Postal Code:	
Phone (Cell)						
Email						
<b>How did you find out about us?</b> (don't just say friend or co-worker etc. we have a referral program, important to include their name )						

Date Inquiry			
Date Drop Off:			Time Drop Off:
Date Pick Up:			Time Pick Up:
<p><b>PLEASE NOTE:</b> Daycare rate: \$40 per day + gst. Hours are 8 am to 12pm drop off and 4-6 pm pick up</p> <p><b>Lodging ...Drop off times: Monday thru Sunday 8am to 12pm</b></p> <p><b>Pick up times: 8am to 10 am and between 4-6 pm</b></p> <p>PICK-UP BEFORE 10am no additional cost. After 10 am daycare \$10 an hour applied till 12pm.</p> <p>Pick up 4-6 pm additional 1 day lodging cost applies.</p> <p>Pick up between 4-6 pm full day is charged (remains that cost till 10am the next day).</p> <p>Drop off between 4-6 pm there is ½ day charge (this only applies to returning guests. 1<sup>st</sup> time guests must come between 8 am to 12 pm)</p> <p>RATES: All prices are subject to gst.</p> <p>\$55 per day FOR 1 dog</p> <p>\$45. per day FOR 2 dogs (living together same household)</p> <p>\$45 per day FOR 3 dogs (living together same household)</p> <p>Dogs will be put to bed from 9:30pm-8am (treats at tuck-in)</p> <p>Dogs are always in supervised care 24/7.</p> <p>Method of Payment</p> <p>We accept cash, and e-transfer. E-transfer must be completed and accepted by Silverdale Doggy Vacation Lodge before drop off. Cash payment can be made at drop off or pick up.</p>			
<p><b>SPA SERVICES</b> available day of pickup for an additional fee. Please specify: (Spa services only available if not crazy busy at peak season times, and your dog has not been stressed while being with us. We work foremost on relationship building, on their 1<sup>st</sup> stay with us, if they trust us, then we will go ahead and have a fun SPA time) In other words, Spa Services will be at our discretion.</p> <p>➤ PAW-DICURE \$10.00 YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>➤ BATH &amp; PAW-DICURE COMBO: \$25.00 to \$45.00 (depending on size) : YES <input type="checkbox"/> NO <input type="checkbox"/></p>			

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Pet Information							
Pet's Name	Pet's Age & Birth Date	Gender	Breed	Color	Neutered	Spayed	Intact
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Emergency Contact Information			
Name:		Relationship:	
Address:		City:	
Phone (Home)		Postal Code:	
Phone (Cell)			
Email			
Persons Authorized to Drop off and/or Pick-Up my dog(s) if other than the owner:			

Pet's Information	
Info	Description
➤ Dogs special blanket or toy that is brought with him/her (don't bring your dog bowls, and I'd prefer, don't bring toys in case they get lost, if it doesn't matter to you if they get lost, then it's ok to bring them)	
➤ What brand of dog food are you feeding? (please MARK all food and treats with your pet's name) <b>IMPORTANT!! ANY KNOWN FOOD ALLERGIES?</b>	

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**FEEDING INSTRUCTIONS** (check what applies) ☐ 1x/day ☐ 2x/day ☐ 3x/day

☐ DRY FOOD, ☐ WET FOOD, ☐ RAW FOOD **AMOUNT OF FOOD PER FEEDING:** \_\_\_\_\_ ( e.g. : 1 cup etc

**PLEASE MEASURE YOUR SCOOP OUT BY CUPS!!!. SAYING 1 SCOOP IS NOT A MEASUREMENT) BE SPECIFIC.**

**Medications** MUST be ready to go, and already dosed out in “daily am/pm dispensers” (available at the dollar store) example: If medication is 1/2 a pill, make sure you have 1/2'd the pills in advance. This avoids any confusion for us and my staff. Dispensers also show me that meds have been given that am or pm. Also provide pill pockets etc. for ease of administration. We take your pet's health, medications, and dosages very seriously and **We do not charge extra** for dispensing medication, (other than injections), if these guidelines are met.

**Medications and Administration Instructions (please, please be specific)**

### Vet Information

**HEALTH INFORMATION.** Here at Silverdale Doggy Vacation Lodge, we take a more holistic approach to vaccines for the safety of your pet's immune health. Puppies up to 2 years old, **MUST**, have had their puppy series vaccines, and we require verification of puppy series vaccines. From then on, Titer testing is preferred, and has no health risks. ( the short eBook on Titer testing that was sent to you, for the immune health of your furry kid)

**Veterinary Clinic:**

**Doctor Name:**

**Address:**

**City:**

**Phone (Home)**

**Postal Code:**

**Phone (Cell)**

**Email**

**If you use Flea and tick medications: Please specify which brand you use:**

**Specify date of the last treatment given orally or by injection:**

**Any Special Instruction:**

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Does your dog suffer from separation anxiety?	YES <input type="checkbox"/> NO <input type="checkbox"/> (please be specific)
Does your dog dig to get out?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Does your dog Jump to get out?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Does your dog excessively bark?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Does your dog get along with other dogs big or small?	YES <input type="checkbox"/> NO <input type="checkbox"/> (If no, please be specific)
Do you want your dog(s) to stay separate from other dogs? Please specify and why. Use back of page if necessary.	
Has your dog been crate trained?	YES <input type="checkbox"/> NO <input type="checkbox"/> please circle... <b>plastic</b> or <b>wire</b>
Has your dog ever been in a dog fight that he or she instigated (Please be honest)	YES <input type="checkbox"/> NO <input type="checkbox"/> (If yes, please be specific)
Is your dog afraid of loud noises (thunder etc), sudden movements, certain touches etc. Please specify ( use extra sheet or back of this sheet )	
Would you like your dog to socialize and play with other dogs?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has your dog ever bitten anyone? (Please be honest)	YES <input type="checkbox"/> NO <input type="checkbox"/> (If yes, please be specific)
Would you like your dogs from same family to sleep together?  Do your dogs sleep together at home?	
Is your dog good off leash?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Does your dog come when called?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has your dog been professionally obedience trained?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Can your dog swim?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Extra Instructions: Can also use back of page if you need more space or attach extra paper.	

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**Our #1 goal is for you to relax and have fun while away on Vacation or where ever life takes you. Please know your beloved pet is in good capable hands with us. We have over 25 years in professional dog handling experience. Your pet will be treated as a member of our own canine family. Utmost care will be given to their health happiness and well-being. This will be Home away from Home.**

**P.S. Most of our canine friends don't want to leave!! And are so excited to return!!**

### HOLD HARMLESS LIABILITY WAIVER

As the owner of the above-referenced dog(s), I understand that Silverdale Doggy Vacation Lodge and its employees, Will exercise due care to protect the health and safety of my dog while in their care, and in the event my dog becomes ill or sustains injury, I have given permission for those in charge to take whatever steps necessary to obtain medical treatment for my dog, and I agree to pay all charges incurred. Silverdale Doggy Vacation Lodge will make every effort to retain service by my preferred veterinarian as stated above; how ever in the event, that it is not in the best interest of the dog's health (due to distance and time to get to my preferred veterinarian) , I consent to the highly qualified and recommended veterinarian being retained by Silverdale Doggy Vacation Lodge to care for my dog in case of emergency.

If I have chosen for my dog to interact with other dogs, I understand that I am boarding my dog(s) in an environment where they will be socializing with people and other dogs of all sizes (we do keep the little dogs separate from the big dogs). Silverdale Doggy Vacation Lodge will take reasonable care to prevent any unnecessary injury, death or loss. As always, there is always a risk involved with the interaction of dogs, there is a chance of injury; I assume all risks of injury to my dog.

While in transportation to any veterinarian clinic, Silverdale Doggy Vacation Lodge will take reasonable care to prevent any unnecessary injury, death or loss. I assume all risks of injury, death or loss.

By boarding my dog(s) at Silverdale Doggy Vacation Lodge, I agree not to file legal charges against Silverdale Doggy Vacation Lodge or Dan and Margaret Eggen, or any employees for any injury, death or loss of my dog.

I hereby waive and release Silverdale Doggy Vacation Lodge or Dan and Margaret Eggen or their employees from any liability of any nature for any injury, death or loss of my dog resulting from Silverdale Doggy Vacation Lodge actions or from the actions of my dog or any other dog actions to my dog, while in the custody of Silverdale Doggy Vacation Lodge, on or off the grounds.

In the event my dog causes injury to another dog or to a person while at Silverdale Doggy Vacation Lodge, I agree to indemnify and subrogate Silverdale Doggy Vacation Lodge from any action which may be brought against it and for any defense, settlement, or judgment against Silverdale Doggy vacation or Dan and Margaret Eggen or any employees. I will assume all liability for the actions of my dog.

If I do not pick up my dog on assigned day of pick up and give no notice of change of date for pick up, and do not contact Silverdale Doggy Vacation Lodge in 5 days from date of pickup, the dog will be considered abandoned, and will give Silverdale Doggy Vacation Lodge no other choice but to get Fraser Valley animal control involved and dog will be rehomed. (yes this has happened) .

As the owner of a dog attending Silverdale Doggy Vacation Lodge, I agree to conform to and to be bound by the policies and procedures of Silverdale Doggy Vacation Lodge as they may be amended.

In the event of failure for me or my dog to conform to such rules, Silverdale Doggy Vacation Lodge shall have the unilateral right, but not the obligation, to discontinue such rights of my dog to board or attend doggy day care again. Silverdale Doggy Vacation Lodge.

**(Print) Owner's Name:**

**(Signature) Owner's Name:**

**Date:**

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**Any other information you deem necessary for your pet to be comfortable during their stay with us please add on this page and attach to reservation form. Any questions please don't hesitate to ask. Look forward to taking care of your precious furry kid while your away.**

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## **VETERINARY RELEASE FORM**

Name of Pets \_\_\_\_\_

In the event that my pet appears to be ill, injured, or at significant risk of experiencing a medical problem at the start of the service or while in the care of **Silverdale Doggy Vacation Lodge**, I \_\_\_\_\_ give permission to **Margaret and Dan Eggen** to seek veterinary service from a veterinarian or a veterinary clinic. My preferred veterinarian or emergency clinic may administer the proper medical attention necessary during which I, or other persons listed below, will be contacted for further approval of additional medical procedures.

Primary Veterinarian clinic: \_\_\_\_\_

Primary Veterinarian(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Pet Insurance Provider (if applicable): \_\_\_\_\_ Policy#: \_\_\_\_\_

Microchip # and provider \_\_\_\_\_

Tattoo # \_\_\_\_\_

If **Silverdale Doggy Vacation Lodge** is unable to get to my preferred veterinarian and/or emergency clinic, in a timely fashion, they may take my pet to the veterinarian and/or emergency clinic deemed acceptable by Margaret and Dan Eggen.

I ask **Silverdale Doggy Vacation Lodge**, **IF THEY CAN'T GET A HOLD OF ME IMMEDIATELY IN AN EMERGENCY SITUATION**, to inform the attending veterinarian of my requested total diagnosis and treatment limit of... PLEASE CIRCLE ONE...\$1000. OR \$1500. OR UNLIMITED per pet before they get a hold of me. I understand all efforts will be made to contact me regarding any treatment, illness, injury, or potential problems as soon as the condition is recognized. Understand, if a condition is recognized as life threatening, and a dog needs immediate medical care, contact will be made to me as soon as able, as the medical attention for my dog is the most important. I agree to allow

**Silverdale Doggy Vacation Lodge** to use their best judgment in handling these situations, and I understand that **Silverdale Doggy Vacation Lodge** and its staff assume no responsibility for the actions and decisions of the veterinary staff, the health, or death of my pet(s).

I will assume full responsibility for the payment and/or reimbursement for any and all veterinary services rendered, including but not limited to diagnosis, treatment, grooming, medical supplies, and boarding. I also agree to be responsible for all additional fees for emergency transportation, care, or supervision of your pet(s).

I further authorize either my primary veterinarian(s), or the emergency veterinary hospital used by Silverdale Doggy Vacation Lodge to share all of the medical records with Silverdale Doggy Vacation Lodge and / or with the veterinary clinics used in an emergency in the interest of providing the best care for my ill or injured dog..

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time **Silverdale Doggy vacation Lodge** cares for one or more of my dogs. I understand that this agreement applies to each of the dogs within **Silverdale Doggy Vacation Lodge's** care. In signing this contract, I agree that I have the sole authority to make health, medical, and financial decisions regarding the dogs that will be scheduled to receive **Silverdale Doggy vacation Lodge** services.

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**Owner's Name (please print)** \_\_\_\_\_

**Home Number:** (\_\_\_\_) \_\_\_\_\_

**Work Number:** (\_\_\_\_) \_\_\_\_\_

**Cell Number:** (\_\_\_\_) \_\_\_\_\_

**Name of Emergency Contact:** \_\_\_\_\_

**Home Number:** (\_\_\_\_) \_\_\_\_\_

**Work Number:** (\_\_\_\_) \_\_\_\_\_

**Cell Number:** (\_\_\_\_) \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



