

The K-9 Dream , LLC

Owner Info

Name: _____ Address: _____
City : _____ State: _____ Zip: _____
Phone: _____ Email : _____

K9 Info

Name of Dog(s) : _____
Breed(s) : _____ Weight : _____
Color : _____ Age: _____
Has your dog ever attended daycare or been boarded in a cage
If yes, which kennel?

K9 Medical Info

Veterinarian's Name : _____
Phone : _____

2. Please describe any medical or physical problems, including allergies and/or food allergies: _____

3. Emergency Contacts (other than owner) :

Name : _____ Phone : _____

Relationship : _____

Name : _____ Phone : _____

Relationship : _____

4. Emergency Medical Care

If, in our judgment, your dog requires immediate medical care and we are unable to reach you, we will take your dog to a veterinarian or animal hospital at your cost. By signing below, you confirm that the above is correct to the best of your knowledge, and that you will provide further information upon future visits.

Signature: _____

Date: _____

The K-9 Dream, LLC

The K-9 Dream, LLC ***PLEASE READ AND INITIAL EACH ITEM***

Initials ____ Check-out time for boarders is by appointment time only if you are more than 15 minutes late past your drop off time will be charged a late pick-up fee of \$20 UNLESS they have received an approved time change from The K-9 Dream owner or staff. All charges must be paid before the dog can be placed in boarding. Initials ____ The brand of dog food we use is Activa Rabbit mix. If you are feeding your dog any other type of food, we strongly recommend you to bring it with you. Changing dog food may cause severe upset stomach and/or diarrhea. We do charge per feeding to use our food. Also, we do NOT serve rawhides in our facility.

Initials ____ Owners are welcome to bring their own blankets or toys if desired, however we cannot guarantee that they will be returned in the same condition or at all.

Initials ____ All dogs must be healthy, and current on all vaccinations. You will be required to bring a copy of your dog's updated vaccination records from your vet before you start daycare or board with us to ensure your dog's safety as well as that of our other guests.

Initials ____ Dogs with flea or tick problems will be bathed at the owner's expense. If, during a stay, it becomes necessary to bathe your dog, The K-9 Dream will do so, at the owner's expense.

Initials ____ If dog becomes ill or if state of the animal's health otherwise requires professional attention, The K-9 Dream, in it's sole discretion, may engage the services of a local veterinarian or provide appropriate medical attention to the animal and any and all expenses thereof shall be paid by the owner.

Initials ____ Owner is aware that by leaving pet at The K-9 Dream or any other pet facility, they are at a higher risk of contracting canine cough (kennel cough), viruses, or acquiring nicks, cuts and possibly punctures from interacting with other dogs. Canine cough (kennel cough) is similar to the flu in humans and, while all dogs in our care are vaccinated, no vaccination is 100% effective. We maintain a very high level of cleanliness but interaction with other dogs carries with it inherent risks.

Aryana@TheK-9Dream.com

(907) 414-1489

The K-9 Dream, LLC

Initials ____ I understand that I am solely responsible for any harm or damage caused by my dog(s) to persons or property of the Owners, employees and invitees of The K-9 Dream, or any other pets housed or visiting The K-9 Dream while my dog(s) is/are attending The K-9 Dream. You release, indemnify, and agree to hold The K-9 Dream harmless from any and all manner of damages, claims, loss, liabilities, costs or expenses, causes of actions or suits, whatsoever in law or equity, (including, without limitation, attorney's fees and related costs) arising out of or related to the services provided by. The K-9 Dream Owner acknowledges and understands that there are certain risks involved in pet ownership, training, and care, including, but not limited to, dog fights, dog bites to humans and/or other pets and the transmission of disease. With the Owner's signature below, he/she understands the risk involved in putting his/her pet in an environment and acknowledges and accepts exclusive and sole responsibility for all medical expenses to said pet no matter the cause. Owner also authorizes the release of said pet's medical records from the pet's veterinarian.

By signing this contract and leaving the pet with The K-9 Dream, the owner certifies the accuracy of all information given about the pet. Furthermore, the owner has read and understands all procedures and policies included.

Signature

Date_____