



DOG BOARDING AGREEMENT

Parents name _____
Cell # (_____) _____
Dogs name _____
Primary breed(s) _____
Color _____
Birth date ____ - ____ - ____
Sex ☐ Male ☐ Female
Neutered/spayed: ☐ Yes ☐ No
How long has the dog been in your family _____
Emergency contact _____
Phone# (_____) _____

VETERINARY RECORDS

Clinic _____
Phone# (_____) _____
Clinic address _____
The following vaccinations are required to be up to date prior to the introduction evaluation
Bordetella due ____ / ____ / ____
Rabies due ____ / ____ / ____
Distemper due ____ / ____ / ____
Owner must also provide us with veterinary proof of current vaccinations
Please describe any medical/health issues that we should know about your dog

Feeding instructions

Feed once per day _____ (Initial)
Feed twice per day _____ (Initial)
Feed three times per day _____ (Initial)
Does your dog have any food allergies?
Yes ☐ No ☐
Special instructions _____

Play Instructions

Instructions for inside fenced play area
Please check all that you are requesting

Play with children _____ (Initial)
Play with other dogs _____ (Initial)

Do you want off-leash play with your dog? ☐ Yes ☐ No

Please describe your dog's level of socialization with other dogs

None/minimal ☐ Moderate ☐ Extensive ☐
Explain: _____

Describe your dog's socialization with people

None/minimal ☐ Moderate ☐ Extensive ☐
Explain: _____

1. How would you describe your dog's energy level:

Low ☐ Medium ☐ High ☐

2. Which best describes your dog's typical exercise routine:

Couch potato ☐ Moderate/extensive ☐ Athletic ☐

3. How did your dog get his/her obedience training:

None ☐ Formal Classes ☐ Self trained ☐

4. How well does your dog respond to obedience cues:

Rarely ☐ Occasionally ☐ Consistently ☐

5. Do you use a crate?

☐ Yes ☐ No

6. Is your dog comfortable in a crate?

☐ Yes ☐ No

7. Has your dog ever jumped a 4' fence or dug

underneath a fence? ☐ Yes ☐ No

8. Has your dog ever bitten another PERSON or DOG?

☐ Yes ☐ No

9. Has your dog ever growled or snapped at a PERSON or DOG trying to take food or toys away?

☐ Yes ☐ No

10. Has your dog ever tried to chase a small animal (cat, squirrel, rabbit, smaller dog)?

☐ Yes ☐ No

If answered yes to questions 7-10, please explain:

Is there anything else you would like us to know about your dog?



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Please explain medications/instructions for medications
or any other instructions for your dog below

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Persons who are authorized to pick up your dog:

Name:	Phone: (.....) -
Name:	Phone: (.....) -
Name:	Phone: (.....) -

\$40.00: per day includes up to 3 feedings per day and up to 3 outings per day

Medication: \$5.00 each time medication is given (Initial)

Bath \$20.00 per bath Initial if bath is requested

Extra outing per day: no extra charge unless it is with other dogs that need to be supervised

\$20.00 per extra outing that needs to be supervised

of extra outing per day: (Initial)

Day care rates \$40.00 8:00 am – 8:00 pm

Includes 3 outings per day and playing with other dog if requested

I certify that the info contained herein is to the best of my knowledge and that despite all the information provided, unexpected situations may occur. As such you expressly release Country Side Bed & Biscuit and its staff from any and all liability associated with your pet, including but not limited to any injuries incurred by yourself and any of your agents who come into contact with your dog, Country Side Bed & Biscuit, or its staff. I understand that it is my responsibility to update Country Side Bed & Biscuit with any changes to any information provided herein as soon as I am made aware of them. In the event that I fail to do so, I shall be responsible for any incidental costs and/or damages that may have been caused by my failure to make these disclosures.

Signature:
Date - -

Print Name:

Notes:
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