



SANDY PAWS

Dog Boarding Profile & Agreement and Waiver Form

Please Read Carefully

Client Name: _____ Address: _____

Phone #: _____ Alt. Phone #: _____

Email: _____

Emergency Contact: _____ Phone # _____

Dog's Name: _____ Breed: _____ Sex: _____

Age: _____ Birthday: _____ Spayed/Neutered: _____

Dog's Name: _____ Breed: _____ Sex: _____

Age: _____ Birthday: _____ Spayed/Neutered: _____

I _____ hereby certify that my dog(s) _____ is/are in good health, are free of fleas/ticks/parasites, and have not had a communicable disease or illness in the last 30 days. I also certify that my dog(s) has/have not shown aggressive behavior towards other dogs or people.

I understand that Sandy Paws, Inc. boarding is in 4'x5' & 4'x6' kennels and that although it is monitored and safety precautions are taken, there are inherent risks that could take place.

I authorize the staff of Sandy Paws to treat any health or behavioral issues that may arise. I will assume full financial responsibility for any expenses involved. I release Sandy Paws, Inc. and their staff from any liability for any health and/or behavioral problems that may arise from my dog(s) participation at Sandy Paws. I agree to be responsible for any damages or harm that my dog may cause to the staff, equipment or other participants in the daycare.

I certify that my dog(s) meet the standard requirements to participate in boarding, which are:

- Has had a clear fecal within the past 90 days, this should be done twice a year.
- Current on all required vaccinations and we have a provided copy of the certification from your vet. Vaccinations required are Rabies, Bordetella & Distemper-Parvo
- Free of fleas/ticks/parasites
- Has a properly fitted harness for walks (properly fitted prong collars are accepted)
- Does not display aggressive behavior to other dogs or people.

If dog(s) is/are not picked up by Owner (or an authorized representative of the owner) within 10 days after the dog(s) is/are scheduled for check-out, Owner understands that dog(s) shall be considered abandoned and Sandy Paws Inc. has the right to contact authorities.

Sandy Paws Inc. reserves the right to excuse any dog from boarding and/or daycare at any time due to negative behavior.

Sandy Paws Inc. reserves the right to administer aid and/or use of any available veterinarian for dog(s) should the need arise, whether or not they can reach the Owner or Owners emergency contact. Owner assumes full financial responsibility for any and all veterinary expenses incurred, in addition to other fees incurred for services provided at or by Sandy Paws Inc.

Owners preferred Veterinarian: _____

Vet Number: _____

In-case of an emergency, I authorize Sandy Paws to use my credit card for my dog(s) medical bills with the maximum amount of \$ _____ Signature: _____

Card type: _____ Card # _____ Exp. _____ CVV _____

I do not authorize Sandy Paws to use my credit card information for my dog(s) medical bills unless I am contacted and verbally give them permission. Signature: _____

I have read and agree to the terms outlined above. _____

Date: _____