

DOG BOARDING CONTRACT

This form must be completed for each boarding reservation.



100 Animal Avenue

Sanford, NC 27330

919-776-0076

raezorgbd.office@gmail.com

A NON-REFUNDABLE DEPOSIT IS REQUIRED TO BOOK A RESERVATION.

CHECK-OUT TIME IS BY 2:00 P.M. CHECK-OUTS AFTER 2:00 P.M. WILL BE CHARGED A LATE FEE.

EXCEPTIONS TO WAIVE THE AFTER 2:00 P.M. CHECK-OUT FEE

- ADD-ON BATH/HAIRCUT ASK FOR ESTIMATE
- SATURDAY CHECK-OUT (**SATURDAY CHECK-OUTS MUST PREPAY AT CHECK-IN**) 3:00 P.M. ON THE DOT
- SUNDAY CHECK-OUT 2:00 P.M. – 4:00 P.M.

ARRIVAL TIMES FOR NEW CLIENTS

- MONDAY – FRIDAY 7:00 A.M. – 2:00 P.M.
- SATURDAY/SUNDAY CHECK-IN IS **NOT** AVAILABLE FOR NEW CLIENTS.

ARRIVAL TIMES FOR EXISTING CLIENTS

- MONDAY – FRIDAY 7:00 A.M. – 4:00 P.M.
- SATURDAY – SUNDAY 8:00 A.M. – 9:00 A.M.

ARRIVAL DATE: _____

DEPARTURE DATE: _____

OWNER'S NAME: _____

DOG NAME(S): _____

ARE YOU BRINGING IN MULTIPLE DOGS? YES NO

IF YES:

WILL YOUR DOGS BE SHARING A ROOM TOGETHER? YES NO

WILL YOUR DOGS NEED TO BE SEPARATED AT FEEDING TIME? YES NO

CAN ALL YOUR DOGS GO OUT/PLAY TOGETHER? YES NO

SPECIAL NOTES ABOUT YOUR DOG(S)

INFORM US OF ANYTHING IMPORTANT WE SHOULD KNOW ABOUT YOUR DOG(S). EXAMPLES: DOG AGGRESSIVE, LEASH REACTIVE, FOOD ALLERGIES, EATING HABITS (GRAZES, HUNGER STRIKES, ETC.), NEEDS SLOW FEEDER (EATS TOO QUICKLY), NEEDS ELEVATED FEEDER, SCARED OF METAL BOWLS, PRE-EXISTING INJURIES/CONDITIONS, SENSITIVITIES, DEAF, BLIND, ETC.

EMERGENCY CONTACT NAME: _____

PHONE NUMBER: _____ RELATIONSHIP TO OWNER: _____

EMERGENCY CONTACTS MUST LIVE LOCALLY AND BE ABLE TO PICK UP YOUR PET AND/OR ACT ON YOUR BEHALF IN CASE OF AN EMERGENCY. IF POSSIBLE, PLEASE LIST SOMEONE OTHER THAN YOURSELF.

FOOD SOURCE

I WILL PROVIDE MY **OWN FOOD** FOR MY DOG(S).

EACH MEAL MUST BE PRE-BAGGED. FOR EACH DOG, PROVIDE ONE BAG OF FOOD FOR EACH MEAL, PLUS ONE EXTRA PRE-BAGGED MEAL IN THE EVENT YOU HAVE TO EXTEND YOUR RESERVATION. DO NOT PRE-MIX WET/CANNED FOOD WITH DRY FOOD; LEAVE ANY WET/CANNED FOOD IN ITS UNOPENED, SEALED CAN/CONTAINER TO AVOID SPOILAGE. IF YOUR DOG'S FOOD IS NOT PRE-BAGGED OR IN AN AIRTIGHT CONTAINER, YOU WILL BE CHARGED A FOOD STORAGE FEE.

THE FACILITY WILL PROVIDE **PURINA PRO PLAN VETERINARY DIETS EN GASTROENTERIC CANINE FORMULA** FOR MY DOG(S).

FEES WILL BE DETERMINED BY GUEST SIZE/APPROPRIATE AMOUNT OF FOOD.

FEEDING SCHEDULE

AMOUNT OF FOOD GIVEN AT EACH MEAL

BREAKFAST

SPECIFY THE EXACT AMOUNT OF FOOD GIVEN AT EACH MEAL (EXAMPLE: 1 FULL BAG DRY FOOD). MULTIPLE DOGS WILL NOT BE ALLOWED TO SHARE A FEEDING BOWL; INDICATE THE EXACT AMOUNT OF FOOD WE SHOULD PLACE IN EACH DOG'S FEEDING BOWL.

LUNCH

DINNER

ONLY REFILL FOOD BOWL AS NEEDED (FREE FEED/GRAZE)

IS **EACH MEAL** PRE-BAGGED FOR **EACH DOG?** (IS EACH DOG FED 1 **FULL BAG** AT EACH MEAL?) YES NO

ADDITIONAL SERVICES

Clients will be billed for each additional service selected below.

PLAYTIME.....BILLED WEEKLY

COT RENTALBILLED NIGHTLY

KONG W/FILLER BILLED PER DOG

ENRICHMENT.....BILLED WEEKLY

EXTRA MATBILLED NIGHTLY

EXTRA SNACKS.... BILLED PER DOG

GROOMING SERVICES

Bath and haircut prices are based on your pet's size, breed, and fur.

GO-HOME BATH (INCLUDES BATH, NAIL TRIM & EAR CLEANING) ASK FOR ESTIMATE

GO-HOME HAIRCUT (INCLUDES HAIRCUT, BATH, NAIL TRIM & EAR CLEANING) ASK FOR ESTIMATE

ADD-ON GROOMING

A LA CARTE GROOMING

YOU MUST SIGN UP FOR A BATH OR HAIRCUT TO BE ELIGIBLE FOR ADD-ON GROOMING SERVICES.

NAIL TRIM

EAR CLEANING

REFURBISH/DE-SHEDDING TREATMENT

NAIL GRIND

EAR PLUCKING

BRUSH TEETH

BRUSH OUT ONLY (NO BATH OR NAIL TRIM)

MEDICATED SHAMPOO

SANITARY AREA/POTTY PATCH

MEDICAL/EMERGENCY CARE: I certify that my dog(s) is/are in good health as of the time of drop-off for boarding at Rae-Zor Grooming, Boarding & Daycare (RGBD). In the event of an emergency, RGBD will attempt to contact the owner and the emergency contact(s) identified in this record. Should my dog require medical attention while boarding, I authorize RGBD to arrange any medical care needed at their discretion. I further give my permission for RGBD to transport my dog to All Animals Veterinary Hospital (AAVH) and return my dog from AAVH to RGBD premises unless an emergency contact is available to transport my pet. Should after-hours emergency medical care be warranted, I authorize RGBD management to transport my pet to any of the emergency veterinary clinics listed unless an emergency contact is available to transport my pet. I understand that I am responsible for all fees that accompany any medical attention and/or emergency care.

VACCINATION/EXAMINATION REQUIREMENTS: Rabies, Distemper/Parvo, **6-Month** Bordetella (Kennel Cough), Canine Influenza (Flu), and **Negative** Fecal Exam (Intestinal Parasite Screening). Your dog(s) must be up to date on all required vaccines **no later than seven (7) days prior to check-in**. Owners are responsible for providing us a copy of your most recent vaccination records.

EMERGENCY VETERINARY CLINICS: Triangle Veterinary Referral Hospitals in Durham, NC; Triangle Veterinary Referral Hospitals of Holly Springs in Holly Springs, NC; Small Animal Emergency Services in Vass, NC; and BluePearl Pet Hospital in Cary, NC.

INCLEMENT WEATHER: Forecasting inclement weather, RGBD strongly recommends having prior arrangements for pets to be picked up. RGBD staff will contact all guests' families/emergency contact(s) at the onset of weather warnings and potential threats.

INTACT FEMALES: We do not accept females in heat. If a female begins her heat cycle during her boarding stay, you must have other boarding arrangements made, and she must be picked up from the facility.

INTACT MALES: After one year of age, availability will be limited for all unneutered males.

BASIC BOARDING RATE: The Boarding Rate is a flat rate per night for each guest. If you have multiple guests sharing a room, you will receive a discount per night of boarding off your total bill. All rooms include comfortable bedding, room service, daily housekeeping, multiple potty breaks, and recreational activities.

CAPSTAR: All boarding guests will receive a mandatory Capstar pill at check-in. This is a flea-preventive pill that works in 20 minutes and lasts for 24 hours to ensure that the facility remains flea free.

PLAYTIME: By signing up for playtime, I grant RGBD permission to give my dog(s) playtime for an additional fee. I acknowledge that by signing up for playtime, my dog(s) will be socialized with other dogs under the supervision of an RGBD employee. If an appropriate playgroup is unavailable for my dog(s), I understand that my dog(s) will receive enrichment instead of playtime.

CANCELLATION POLICY: Cancellations with less than a 24-hour notice and "No Shows" will result in a surcharge to be paid before the next visit or reservation is taken.

LUGGAGE: We will provide food bowls, water bowls, bedding, and toys for your pet(s). Please do **not** bring any bowls. You are welcome to bring items from home that may keep your pet more comfortable; however, we are not responsible for any lost or damaged items. We will spend "Quality time with each pet, with lots of love!"

MEDICATIONS/SUPPLEMENTS: Clients whose pets will receive medications and/or supplements during their boarding stay will be billed by the number of times the medication/supplement is administered per day (AM/PM). All medications must have the original prescription label and instructions provided by your vet. I understand that a **Medication/Supplement Form** must be submitted for each pet receiving medications and/or supplements during their boarding stay.

AGREEMENT:

- (1) Owner agrees to pay all the cost for special services requested for the pet during the time it is in the care of the facility.
- (2) Owner agrees to pay all veterinary cost for the pet during the time it is in the care of this facility.
- (3) If my pet identified in this record becomes ill, **All Animals Veterinary Hospital or Emergency Care Services** may provide all medical/surgical treatment deemed necessary, with fees not to exceed \$. I acknowledge that in the event of my pet's illness, the staff may not be able to contact me immediately. Nonetheless they are authorized to initial the appropriate treatment until my agent or I can be reached. I agree to pay all related expenses associated with the treatment of my pet until I am able to discuss further care and related fees with the attending veterinarian.
- (4) The boarding facility shall exercise reasonable care for the pet delivered by the owner, to the facility, for grooming, boarding and/or daycare. It is expressly agreed by the owner and the boarding facility that the owner agrees to be solely responsible for any and all acts of behavior of said pet while it is in the care of the facility. All pets are boarded, handled, or cared for by us without liability for loss or damage from disease, death, fire, injury to persons, other animals or property by said animals, or other unavoidable causes.
- (5) I agree that either I or an authorized agent of mine will pick up the pet and pay for all accrued charges at the time of discharge. I accept that if I fail to pick up my pet within 10 days of written notification to the address on file, it will be considered "abandoned" and will be handled in accordance with NC State Law [North Carolina General Statute 90-187.7], and that doing so does not relieve me of my financial obligations.
- (6) The owner specifically represents to the facility that the pet has not been exposed to Rabies, Parvo Virus, Distemper, kennel cough or influenza within 30 days prior to current services, and further, said pet has received an annual Rabies, Distemper/Parvo, Kennel Cough, and Influenza vaccination which can be confirmed by the veterinarian listed on the permanent computer or the original boarding contract. If said vaccines cannot be confirmed the facility has the authority to have any or all said vaccinations administered at the owner's expense. I certify that my pet appears to be free of contagious disease and has not bitten anyone in the past 10 days.
- (7) The boarding facility reserves the right to refuse services at any time for any reason regardless of reservations or prior arrangements.

I have read and agree to the terms and policies listed on this form. I can verify that all the information, including current veterinarian is accurate. If there has been any change in my address, telephone number, veterinarian, or other information; I will notify this facility of those changes. I have noted the business hours and am aware of the charges for the services that my pet(s) will incur during this stay. This contract is legally binding and will be a part of the animal's permanent record.

SIGNATURE: _____

DATE: _____