



A Dog's Day Out / A Dog's Night Inn

942 Maple St. Hendersonville, NC 28792

227 Lane Rd, Flat Rock NC 28731

e-mail: adogsdayoutnc2@gmail.com Website: adogsdayoutnc.com

Fax: 828-435-9029 PH 828-692-0200

Daycare & Boarding Agreement

This agreement is between A Dog's Day Out / A Dog's Night Inn and

Date: _____

OWNER/OWNERS NAME/S:#1 _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

Home # _____ Cell #1 _____ Work # _____

E-mail:#1 _____

OWNER/OWNERS NAME/S:#2 _____

Home # _____ Cell #2 _____ Work # _____

E-mail:#2 _____

EMERGENCY CONTACT (SOMEONE OTHER THAN YOURSELF) and others authorized to pick up your dog :

Name: _____ Phone: _____ Emergency Contact ___ Pick-Up ___

Name: _____ Phone: _____ Emergency Contact ___ Pick-Up ___

Name: _____ Phone: _____ Emergency Contact ___ Pick-Up ___

This agreement constitutes permission to provide day care services for the named pets. Any changes to this agreement must be done so in writing, or they will be null and void. ADDO / ADNI has the right to make any changes to this agreement, at will, and without notice. With any changes, a new agreement will be presented before any new services are rendered.

Pet Information (per pet):

Pet Information (per pet):

#1 Pets Name: _____ Breed: _____ Color: _____ Sex _____

Spayed/Neutered: Y ___ N ___ Birth date: _____ Weight: _____

Health problems: _____

Fear of storms? Y / N Digs: Y / N Fence climber or destructive habits? Y / N

Is your pet a chewer? Y / N Blankets Y / N Toys Y / N Treats Y / N

Food allergies? Y / N if yes, please explain _____ Is your pet food aggressive? Y / N

Aggression towards other dogs, people or situations? Y / N If yes please explain: _____

#2 Pets Name: _____ Breed: _____ Color: _____ Sex _____

Spayed/Neutered: Y ___ N ___ Birth date: _____ Weight: _____

Health problems: _____

Fear of storms? Y / N Digs: Y / N Fence climber or destructive habits? Y / N

Is your pet a chewer? Y / N Blankets Y / N Toys Y / N Treats Y / N

Food allergies? Y / N _____ Is your pet food aggressive? Y / N

Aggression towards other dogs, people or situations? Y / N If yes please explain: _____



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**Daycare & Boarding
 CONTRACT
 Rules & Regulations**

THIS AGREEMENT is entered into by and between A DOG'S DAY OUT / A DOG'S NIGHT INN , and YOU, the pet owner, named and signed below.

<p>1. Owner of pet(s) understands and agrees that he/she is solely responsible for any harm caused by owner's dog(s) while owner's dog(s) is/are attending ADDO / ADNI</p> <p>2. Owner understands and agrees that during normal dog play, owners dog(s) may sustain injuries. Your dog will be co-mingling with other dogs and will be outdoors. All dog play is carefully monitored by staff to avoid injury, however, scratches, punctures, torn ligaments, etc. may occur despite the best supervision.</p> <p>3. Owner further understands and agrees that in admitting owners' dog(s) to ADDO, that ADDO has relied on owners representation that owners' dog(s) is/are in good health and have not harmed, shown aggression, or exhibited any threatening behavior towards any other person(s) or any other dog.</p> <p>4. Owner further understands and agrees that neither ADDO / ADNI, nor any of its employees or volunteers, will be liable for any injury, illness, death, and/or escape of owners dog(s) provided that reasonable care and precautions are followed, and the owner(s) hereby release(s) ADDO / ADNI of any liability or any kind whatsoever arising from or as a result of owner(s) dog(s) attending or participating.</p> <p>5. Owner(s) authorize(s) ADDO / ADNI to arrange emergency veterinary care, releasing ADDO /ADNI from all liabilities relating to transportation, treatment and expense. Owner(s) authorize(s) ADDO/ ADNI to approve medical/emergency treatment as recommended by a veterinarian. Owner(s) agree(s) to reimburse ADDO / ADNI for any expenses incurred.</p> <p>6. Owner further understands and agrees that any behavioral or health problems that develop with the owner's dog(s) while at ADDO/ ADNI will be handled and treated as deemed best by the employees, staff and volunteers of ADDO / ADNI at their sole discretion, and owner expressly agrees to assume full financial responsibility for any and all expenses arising or relating hereto. This includes aggressive or destructive behavior.</p>	<p>7. Owner further understands and agrees that owners dog(s) will, at all times, while attending ADDO /ADNI have current vaccination status. Owner further understands that even if owner's dog(s) is/are vaccinated for Bordetella (kennel cough) there is a chance that the owner's dog(s) can still contract Bordetella otherwise known as kennel cough. Owner agrees that owner will not hold ADDO / ADNI responsible if owner(s) dog(s) contact(s) Bordetella Kennel Cough.</p> <p>8. Owner fully understands and agrees that owner's dog(s) must be spayed/neutered to attend DAYCARE after 8 months of age.-</p> <p>9. Owner fully understands and agrees that if the owners dog(s) is/are not picked up by the end of the regular business day, the owner hereby expressly authorizes ADDO / ADNI to take whatever action is deemed necessary for continuing care of owners dog(s) and the owner agrees and promises to pay ADDO/ADNI late fees and any additional costs of continuing such care upon demand by ADDO / ADNI</p> <p>10. Owner further understands and expressly agrees that each and every one of the forgoing provisions contained in Paragraphs in this document shall be in force and effect and shall apply to each and every occasion on which owner boards or deposits owners dog(s) with ADDO / ADNI for daycare, extended boarding or grooming, as the case may be, and that this is agreement shall remain in full force and effect as between the parties until and unless otherwise cancelled or superseded by a writing signed by both parties.</p> <p>11. It is the pet owner(s) responsibility to update ADDO / ADNI of any changes in pet(s) health, injuries and/or medical treatments.</p> <p>12. Owner gives ADDO / ADNI permission to request Vet records for pets vaccinations and health issues on an as needed basis.</p>
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By signing below, above owner hereby certifies that owner has read and understands these rules and regulations set forth above, and that owner has read and understands this Agreement, and each of its items and conditions, and agrees to abide by and be bound by these rules and regulations.

Name(s) of Dog(s): _____

Owner Signature: _____ Date: _____

Print Name: _____



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**VETERINARIAN
RELEASE
And
DAYCARE / BOARDING
REQUIREMENTS**

VETERINARY PRACTICE: _____

Address: _____ City: _____ State: _____

DOCTOR: _____ Phone: _____

If Vet is local we have address and phone on file

Permission to treat illness or injury

I authorize the following pet(s), as listed on Daycare & Boarding Agreement, to be treated:

PET NAME: _____ PET NAME: _____ PET NAME: _____

*During my absence, ADDO / ADNI will be caring for the above named pet(s).
In the event of an emergency, I authorize you (veterinarian) to administer medical treatment,
And I will be responsible for payment to you upon my return.*

I give 'A Dog's Day Out / A Dog's Night Inn permission to transport my pet(s) to the above veterinarian and authorize treatment in the event of an emergency or illness.

If this veterinarian is not available, I authorize 'ADDO / ADNI to transport my pet(s) to a veterinarian of choice and authorize treatment. If emergency care is needed after regular office hours, my pet(s) may be taken to the nearest Veterinarian Emergency Clinic/Hospital.

I give permission to ADDO / ADNI to approve treatment up to \$_____ (input maximum dollar amount or "no limit"). I agree to be responsible for all charges including, but not limited to vet fees, extra visit fees and transportation fees.

I agree that ADDO / ADNI is released from all liability related to transportation to and from veterinarian and treatment for sickness or emergency.

I agree to all terms and conditions set forth in the Daycare Agreement, Service Contract and Veterinarian Release & Daycare Requirements.

This release will remain valid for all current and future visits, unless a new release is signed. Client's (Pet Owner's)

Signature: _____ **Date:** _____

Requirements:

- Puppies must be 12 weeks of age or older & must have completed the Parvo Vaccination series and had their Rabies shot -
- Veterinarian documentation is required
- Spayed or neutered if 8 months of age or older
- Verification of required vaccinations
- **DHLPP(1 or 3yr) • Rabies (1 or 3 yr) • Bordatella (canine cough) within in the past 12 months**
- Dogs must be using a veterinarian-approved topical flea control
- Collar with ID tag or permanent identification. No choke or chain type collars.
- Daycare dogs must be well socialized, neither aggressive or extremely nervous. Not over protective of toys, space or people.
- Daycare Dogs must complete an evaluation which consists of temperament testing, verification of all completed paperwork and a 1/2 day of daycare observation.

Required Documents - The following documents must be completed:

- * Agreement
- * Service Contract
- * Veterinarian Release
- * Feeding / Medication Form (Boarding)

BOARDING INTAKE INFO

A Dog's Night Inn

Fill out upon each arrival:

Date: _____

Owners name: _____ Dogs Name: _____

Date In: _____ Arrival Time: _____ Date out: _____ Pick-Up Time: _____

Best contact number for this stay: _____

Emergency contact / update or changes

Name: _____ Number: _____

What kind of food do they eat: _____

How much food per day: AM _____ PM _____

Is your pet on medications? Y / N

Name of Medication	Dosage	AM/PM
1-		
2-		
3-		
4-		

Personal items brought for this stay:

Additional info:
