



# BOARDING/DAYCARE INTAKE AGREEMENT



5 River Road, Flanders, New Jersey 07836  
973-584-2338

YOUR DOG

Dog's Name (first & last): \_\_\_\_\_  
Breed: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
Weight: \_\_\_\_\_

Neutered (male)    Intact(Male)                      Spayed (female)                      Intact (female)  
**YOU MUST CIRCLE ONE OF THE ABOVE**

CONTACT INFO

Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
  
Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_  
Email: \_\_\_\_\_  
**(WE WILL EMAIL YOU A PHOTO & DAILY UPDATE ON YOUR DOG!)**  
Emergency Contact Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

VET

Veterinarian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

TEMPERMENT

Has your dog ever **bitten** a human?                      \_\_\_\_\_ NO                      \_\_\_\_\_ YES  
(please explain) \_\_\_\_\_  
Has your dog ever **bitten** another dog?                      \_\_\_\_\_ NO                      \_\_\_\_\_ YES  
(please explain) \_\_\_\_\_  
Has your dog ever **climbed** or **jumped** a fence?                      \_\_\_\_\_ NO                      \_\_\_\_\_ YES  
Has your dog ever **dug** under a fence?                      \_\_\_\_\_ NO                      \_\_\_\_\_ YES

MEDICAL

Does your dog have any medical conditions/problems?                      \_\_\_\_\_ NO                      \_\_\_\_\_ YES  
(please explain) \_\_\_\_\_  
Has your dog ever **bloated** (gastric dilation)?                      \_\_\_\_\_ NO                      \_\_\_\_\_ YES  
Has your dog ever had a **seizure**?                      \_\_\_\_\_ NO                      \_\_\_\_\_ YES  
Has your dog been treated for any medical problems within the past 30 days?  
\_\_\_\_\_ NO                      \_\_\_\_\_ YES  
(please explain) \_\_\_\_\_  
Current **Medications** (please list names and dosing schedules): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

FOOD

List any dietary restrictions: \_\_\_\_\_  
List any allergies: \_\_\_\_\_  
List brand of dog food and amount: \_\_\_\_\_

**I understand that:**

WAIVER

- Participating in dog boarding, daycare, and/or training services is not without risk to my dog, or me. in consideration of, and as inducement to the acceptance of my agreement for services at Petra's Dog Resource Center, I hereby agree to indemnify and hold harmless the facility, its employees, owners and agents from any and all claims by any member of my family, or any other person accompanying me to any function or service of the facility or while on the grounds, or the surrounding area, or off premises, thereto as a result of any action by and dog, including my own.
- I certify that my pet appears to be free of contagious diseases, including external parasites. I understand that if my pet is found to have external parasites, he/she will be treated, and my account will be charged accordingly. I also certify that my pet is current on all required vaccinations and have provided written documentation of same.
- I understand that it is required that I have a current credit card on file with Petra's Dog Resource Center to be used in the following instances: if there are any veterinary bills during my pet's stay, if there are any unpaid balances for stays or services, if I abandon my pet. I understand that in the case of illness or injury to my dog while in the care of this facility with or without my presence, I will not hold Petra's Dog Resource Center, its employees, owners and agents responsible for the injury. I give consent for my credit card to be used for such care and expenses.
- I understand that if I leave my dog beyond the scheduled stay, I am responsible for full payment of all additional boarding and care. I understand that upon exceeding the scheduled stay by 10 days or more, I have abandoned my dog and Petra's Dog Resource Center has full authority to administer the dog as it sees fit.

**Signature of Agreement:** By signing below I agree to the terms of the above, which will apply now and, in the future, whenever I visit Petra's Dog Resource Center.

**OWNER'S SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

VET RELEASE FORM

During my absence, Petra's Dog Resource Center will be caring for my pet(s). In the event of an emergency, I authorize you (veterinarian) to administer medical treatment and will be responsible for payment to you (veterinarian). I give Petra's Dog Resource Center permission to transport my pet(s) to a veterinarian of their choice in the event of an emergency or sickness and receive any information pertaining to my pet's condition. I also give permission to release the results to Petra's Dog Resource Center. 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 provide treatment and I will be responsible for all charges. I agree that Petra's Dog Resource Center is released from all liability related to transportation to and from veterinarian and treatment for sickness or emergency. I hereby permit Petra's Dog Resource Center and its agents to seek medical treatment. I understand that I am solely responsible for payment for any veterinary care provided to my dog by a qualified treatment facility. I understand that if my pet injures another pet, I will be solely responsible for any injury to either or both pets. I also understand that I release Petra's Dog Resource Center, its owners and employees of and from any and all responsibility for, or claims, damages, or debt arising out of or related to such medical care also including but not limited to transportation to/from veterinarian clinic and the care rendered.

**Signature of Agreement:** By signing below I agree to the terms of the above agreement, which will apply now and, in the future, whenever I visit Petra's Dog Resource Center.

**OWNER' S SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

CREDIT CARD

Cardholder' s Name: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ CCV Code (3 Digits): \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_