

Amanda's

K9 Bed and Biscuit

Boarding Agreement

I _____ am leaving my dog(s)
_____ in the care Amanda's K9 Bed and Biscuit for a
reservation period from: _____
to _____.

I understand that my dog must have all current vaccinations including Bordetella (Canine Kennel Cough). My dog has not been exposed to rabies or distemper within a thirty day period prior to boarding.

I authorize Amanda's K9 Bed and Biscuit to provide any care necessary in the event of an emergency including medical attention, special care or medication, and I will pay for any services that Amanda's K9 Bed and Biscuit incurs on behalf of my dog.

I take responsibility for the consequences of any aggressive/injurious behavior of my dog while on the property of Amanda's K9 Bed and Biscuit and I agree to pay for any damages caused to the facility as a result of my dog's behavior.

Community Play with other dogs **Yes** _____ **No** _____

Amanda's K9 Bed and Biscuit will use all precautions when socializing dogs. I understand that if my dog socializes with other dogs that they may become injured through playing and I do not hold Amanda's K9 Bed and Biscuit or others responsible for any injuries or costs that may result. Community play will not be available to any dogs that are aggressive towards other dogs, jumpers, not neutered or spayed (puppies up to 6 months are acceptable)

Off leash walking **Yes** _____ **No** _____

Hours of Operation

Pickup and drop off times:

Monday to Friday

9-10 am & 5-6 pm \$20 charge will apply for not adhering to these times.

Saturday - Sunday

9-10 am & 4-5 pm

Rates Effective January 01 2018

\$30 per day, per dog, starting at arrival time, plus HST.

Additional \$15.00 will be charged for half days.

Signature of Owner _____ **Date** _____

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Owner Information

Owner: _____ **Who can we contact on your behalf if need be?**
Address: _____ Name: _____
Town/Postal Code: _____ Day phone: _____
Home phone: _____ Evening phone: _____
Work phone: _____
Email: _____
Veterinarian: _____

Pet Information

Name: _____ Date of Rabies Vac. _____
Breed: _____ Date of Bordetella _____
Colour: _____ Date of Distemper Vac. _____
Male: Neutered? Yes No (circle one)
Female: Spayed? Yes No (circle one)
Birth date: _____
Does your dog have any allergies? No Yes. Explain. _____
Is your dog (please circle): Blind Deaf Old Arthritic Other: _____
Describe your dogs health (past injuries, illnesses, scars) _____
Any soreness, limping, fears; example thunder dislikes; example cats etc. _____
Does your dog require any medications? No Yes Explain Dosage/Time/Amounts _____

Feeding Schedule

Time	Amount Dry (in Cups)	Amount Wet (1 Tbsp ½ can)
Breakfast		
Lunch		
Supper		
Night		

Dog's Behavior Profile (circle what best represents your dog)

Quiet Shy Friendly Submissive Energetic Digger Noisy Fence Climber
Escapist Destructive People Aggressive Afraid of Storms Dislikes Cats
Suffers separation anxiety Rough player Gentle player Dislikes Dogs Vocal player
Not interested Fearful Likes any dog Prefers small dogs Toy aggressive
Prefers big dogs Humps others Better with opposite sex Likes fetch
