



# SIGN IN FORM

**Name**

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**Address**

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**Phone Number(s)**

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**Email**

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**Date of Drop Off**

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**Date of Pick Up**

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**Emergency Contact**

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**Authorized People  
To Pick Up Your  
Dog If You Can't**

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**Feeding Schedule  
or Medicine  
Instructions**

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**Pet(s) Information:**

**Name of Pet**

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**Age**

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**Breed**

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**Weight**

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**Sex**

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**Color**

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**Neutered or Spayed?**

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**Date of last rabies**

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**Expiration date of  
rabies**

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**Vet's Name**

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**Vet's Phone Number**

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**Medical Problems**

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**Medications**

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**Additional Info**

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**Requirements for Boarding:**

Proof of vaccination is required for any animal boarding at Loving Pup. All pets boarding at Loving Pup must be up to date on the required vaccinations in order to board. If a vaccination is not current, **rabies vaccine and parvo/distemper booster must be administered a minimum of one (1) days prior to boarding. Bordetella vaccines must be administered a minimum of fourteen (14) days for new clients and within two (2) days for existing clients.** The vaccinations required are as follows.

Canine:

Kennel Cough (Bordetella) – we require this vaccine every 6 months.

Distemper/Parvo Booster

Rabies

**Pricing:**

Kennel Boarding:

Any size dog                      \$25/night per dog + \$20/night additional dogs

Weekly rates (7 days)            \$175/week for one dog (ask prices for multiples)

**ALL COSTS ARE DUE AT THE TIME OF PICK UP/CHECK OUT.**

All animals are boarded, handled or cared for by us without liability on our part for loss or damage from disease, death, fire, injury to persons, other animals or property by said animals, or other unavoidable causes.

If an animal becomes seriously ill, we will attempt to notify the owner or emergency contact person. We are not responsible for the loss or damage of any belongings, such as blankets or toys that are brought in with the animal.

The owner represents that he/she is the legal owner of said animal and that said animal is not mortgaged in any way. The above mentioned animal(s) has/ have not been exposed to distemper, parvovirus, rabies or kennel cough within the last 30 days.

I have read and been advised of common boarding ailments (kennel cough, parvo, distemper) that may occur during boarding. I understand these protocols and the measures that will be taken should my pet become ill. I agree to pay all associated fees that may incur due to medical treatment provided by owner's veterinarian. This contract is legally binding and will be a part of the animal's permanent record. Please understand that we take all precaution with our cleaning protocols to avoid transfer of diseases but not all vaccinations guarantee 100% immunity.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**^ MUST SIGN!**

**Grooming and Extras:**

Would you like your pet groomed during their stay with us? If Yes, please schedule an appointment when making the reservation or at the time of check-in. Please notify us if you'd like to an any extras to your pet's stay with us.

**Please check the requested service below all:**

\_\_\_\_\_ Bath only \$10

\_\_\_\_\_ Medicated Shampoo Bath (owner must provide) \$15

\_\_\_\_\_ Oatmeal Bath \$20

\_\_\_\_\_ Flea Treatment \$20

\_\_\_\_\_ Teeth Brushing \$10

\_\_\_\_\_ Dematting \$15

\_\_\_\_\_ Nail Trim \$10

\_\_\_\_\_ Ear Cleaning \$5

\_\_\_\_\_ Cologne \$5

\_\_\_\_\_ One Hour Massage \$35

Desired day/time of pick up \_\_\_\_\_

Please call prior to picking up your pet to confirm that their grooming has been completed. You may call/text us at our direct line 704-754-4373.

# DOGGY DAYCARE & PLAYTIME CONSENT

Client Name \_\_\_\_\_

Client Phone Number \_\_\_\_\_

Dog(s) Name \_\_\_\_\_

In order to establish a safe and healthy environment for all participants in its daycare program, Loving Pup Resort & Spa requires that all dogs attending daycare have proof that appropriate vaccines have been administered and are current. Pets that are so young that they have not completed their entire series of inoculations may not yet be fully protected and, thus, owners of these dogs must accept any risks of infection. I certify that all of the dogs listed on this form have received the following vaccines, test, and/or treatments.

\_\_\_\_\_ Rabies \_\_\_\_\_ DHPP \_\_\_\_\_ Bordatella \_\_\_\_\_ Flea & Tick Prevention (initial)

I verify that the above named dog(s) is/are in good health and to my knowledge have not shown clinical signs of any communicable diseases within the last 14 days. I further certify that the named dog(s) has/have not caused harm to, nor shown aggressive or threatening behavior towards, people or dogs. By initialing each section below, I confirm that I have read and understand the following:

\_\_\_\_\_ 1. I understand that attendance by my dog(s) at this daycare program involves group play with other dogs. Although the staff at this facility will closely supervise all participants, I accept that play behavior, unknown or undocumented aggression, or participation in routine daily activities can lead to altercations and injuries. I assume the risks of, and responsibility for, the costs to treat any injuries my dog(s) sustains while playing at this facility. I further understand and accept that the owners and staff will not be held liable for any injuries or deaths related to my dogs' participation in this program.

\_\_\_\_\_ 2. In the event my dog contracts a communicable disease during the time he/she is attending this program, I accept responsibility for the costs of all treatments. I also agree to withhold my dog(s) from this program until he/she has been free of any signs of communicable disease for at least 14 days. Although the risk of acquiring communicable diseases is small, I accept the risk, and agree to hold this facility harmless from expenses incurred for treatment.

\_\_\_\_\_ 3. I understand and agree that if the need arises, emergency medical care for my pet will be sought from the most readily available veterinary facility, and I agree to pay all reasonable costs for such treatment. I understand that someone from this facility will attempt to call me as soon as the situation is stable, at which time authorization for further care will be transferred to me. The veterinary facility of my choice is

\_\_\_\_\_.

I have read this consent and understand that some risk always exists when groups of dogs are allowed to intermingle. I have discussed my concerns about such risks with Loving Pup Resort staff and have had my questions answered to my satisfaction.

\_\_\_\_\_  
Client Signature & Date