

All Creatures, LLC

Boarding Check-in Sheet

Pets name: _____ Type: _____

_____ Type: _____

Check in date: _____ P/U Date: _____ Stay/Play?? Yes/No **(CIRCLE ONE)**

I AM AWARE THAT BOARDING IS \$28.00 PER DAY AND STAY AND PLAY IS \$35.00 PER DAY PER DOG. MULTI DOG DISCOUNTS ARE ON BOARDING ONLY: _____ (INITIALS)

Contact name: _____ Phone: _____

Local emergency contact: _____ Phone: _____ can P/U? Y/N

Belongings brought in: _____

_____.

Feeding inst.: How Often: _____ How much: _____ Our food/Their food.

Spec instructions: _____

Is pet a jump risk: Y/N

Is pet people aggressive: Y/N

Is pet dog aggressive: Y/N

Is pet able to climb, scale, jump fences: Y/N

Any health issues? _____

Are there hot spots, cuts, skin tags, bumps, cysts on the dog?? Y/N

If yes please describe: _____

Any physical limitations: Y/N if yes explain _____

Additional Packages for Boarding and weekends: Highlight chosen packages

Unleash me package: \$15.00 includes 1 private staff play session, 1 texted photo and toy

Laid back package: \$12.00 includes 1 private staff play session and 1 photo texted

See me package: \$10.00 1 photo texted and a toy

15 min staff play session \$5.00, 15 min cuddle session \$5.00,

Obedience session with fun (20 mins) \$15.00, Texted photo \$5.00 # _____, Toy \$5.00

Would for your you like grooming pet? Y/N If yes please ATTACH GROOMING SHEET)

Is pet currently on medication: Y/N. (if yes fill out an attach med sheet)

Vets Name: _____

Phone: _____

Vaccines UTD?? Y/N

Records received?? Y/N

Allergies Y/N: _____

Staff completing form: _____ Date: _____

Medical Waiver / Policy Agreement

1. I specifically represent that I am the legal owner of this/these pets. In addition, I attest, that my dog is healthy, meets all vaccine requirements, has not shown aggression, harmed or shown any other aggressive behavior and has not had any communicable diseases/illnesses within the last 30 days. _____ (INITIAL)
2. I accept the risks that are involved with boarding and agree that I am solely responsible for any damages that result from such injuries caused by my dog while boarding at All Creatures. I also understand, and agree that any issues that develop with my dog will be treated as deemed appropriate by All Creatures Staff. I also understand, that Village Veterinary Clinic, is the vet All Creatures uses for all emergency services. _____ (INITIAL)
3. I expressly waive and relinquish any and all claims against All Creatures and its employees, provided reasonable care and precautions are followed. . _____ (INITIAL)
4. I also understand that if I pick up my pet later than 8am, I will be charged for the full day of said pick-up. I also understand in the event I have to have someone other than myself pick up, payment must be received in full at the time of pickup. No exceptions will be made. The pet will not be released at that time and I will be charged any other applicable days of boarding. All services rendered are non refundable. I do understand that if I decide to place a stop payment on my check after services were received, the check will be protested and handed over for legal action. All deposits made at the time of booking is also non refundable. . _____ (INITIAL)
5. I understand All Creatures, has the right to refuse admittance to any dog that lacks proof of utd vaccines, displays signs of untreated or potentially contagious medical issues, fails our standard temperament testing and/or demonstrates aggressive behavior. .) _____ (INITIAL)

I certify that I have read, agree and fully understand to the above terms and conditions, with my signature below.

Owners Signature: _____ Date: _____

Staff only below

Deposit made: Y/N Amount: _____ Check/Cash (NON REFUNDABLE)

Balance Due: _____