

Charming Paws, LLC

Sleepover Care Sheet

Owner Info:

First name: _____ Last name: _____

Best contact number: (_____-_____-_____) Cell: ☐ Home: ☐ Work: ☐

Address: _____

City: _____ State: _____ Zip code: _____

Email Address: _____

Daily Report cards will be sent to this email

Emergency contact name: _____

Emergency contact number: (_____-_____-_____) _____

Please refrain from using any party that is traveling with you as an emergency contact

Pet Info:

Name: _____

Breed: _____ Age: _____ Sex: _____

Will your pet attend daycare? ☐ Y ☐ N

Does your pet have an up-to-date daycare release form? ☐ Y ☐ N

Is your pet microchipped? ☐ Y ☐ N

Vaccination Policy:

The Owner is responsible for ensuring their pet is up to date on required vaccinations and for providing current vaccination records prior to drop-off. All pets must be vaccinated against **Rabies, DHPP, and Bordetella**. Charming Paws LLC reserves the right to cancel any boarding reservation and retain the associated deposit if valid vaccination records are not submitted in advance. The safety and well-being of all pets in our care is our top priority. _____ (initials)

Evaluation Questions:

Has your dog ever been to a boarding facility before? ☐ Y ☐ N

Is your dog spayed/neutered? ☐ Y ☐ N

Does your dog get stressed easily? ☐ Y ☐ N

Does your dog have any underlying health conditions that you are aware of? ☐ Y ☐ N

Does your dog have a history of biting? ☐ Y ☐ N

Does your dog have a history of destructive behavior? ☐ Y ☐ N

MEDICATIONS:

Does your pet currently take any medications? ☐ Y ☐ N

If your pet requires administration of any medication, please fill out all the info below and bring the bottle of medication that was prescribed from your veterinarian.

Type of Medication: _____

Why is medication prescribed?

Instruction for administering medication from your veterinarian:

Veterinarian:

Clinic: _____ Phone Number: _____

Feeding Schedule: *Owner must supply adequate supply of food.*

What brand of food will you be supplying? _____

Feeding Times: _____ Quantity: _____ Treats: _____

Special Feeding Instructions:

Foods to Avoid:

Personal Belongings Policy:

Please bring only items that are easily washable. Toys, beds, and blankets are all welcome in your pet's suite. However, **Charming Paws is not responsible for any damage or destruction of personal belongings** during your pet's stay.

Notes:

Risk & Responsibility Agreement:

By enrolling the above named and described dog(s), I represent that I am the legal owner of the named dog(s) and I assume all risks, dangers, and responsibility for injuries to the named dog(s). _____ (initials)

Boarding extremely old, chronically ill, or otherwise debilitated pets requires extra care, which our caring and trained staff is happy to provide. However, special-needs pets, puppies and senior pets naturally have a higher risk of injury, stress-related illness, or exacerbation of any pre-existing condition. As such, by boarding your special-needs pet, puppy or senior pet with us you are waiving any claim for injury or illness experienced by your pet while in our care and that is not directly caused by the negligence or lack of care on the part of our staff. _____ (initials)

Owner further understands and agrees that neither Charming Paws LLC nor any of its employees, staff, or volunteers, will be liable for any illness, injury, death, and /or escape of Owner's Dog(s) provided that reasonable care and precautions are followed, and Owner hereby releases all of them of any liability of any kind whatsoever arising from or because of Owner's dog(s) attending Charming Paws LLC. _____ (initials)

Owner further understands and agrees that Owner's dog(s) are healthy and must be up to date on vaccinations while attending Charming Paws. Owner is not enrolling any dog that has any condition that could potentially jeopardize the health of other dogs or people and has not had any potentially communicable condition within 30 days prior to enrollment. Owner further understands that even if Owner(s) dog is vaccinated for Bordetella (Kennel Cough) there is a chance that the Owner(s) dog can still contract Kennel Cough. I agree that I will NOT hold Charming Paws LLC responsible if Owner's dog(s) contracts Kennel Cough. _____ (initials)

Owner further understands and agrees that it is the Owner(s) responsibility to leave an adequate supply of food and medications for the Owner(s) dog during the entire time the Owner(s) dog is cared for by Daycare. Should the food/medication supply need replacement, I authorize Daycare to purchase replacement and Owner will reimburse Daycare for cost plus the actual food and medication costs. _____ (initials)

Owner further understands and agrees that Owner(s) dog will have access to a fenced outside area. Owner(s) agree to assume full liability if Owner(s) dog escapes. _____ (initials)

Owner further understands and agrees that if Owner's dog(s) is/are not picked up by 6:30pm of the scheduled day, the Owner hereby expressly authorizes Daycare to take whatever action is deemed necessary for the continuing care of Owner's dog(s) and Owner agrees and promises

to pay to Charming Paws LLC all costs of continuing such care upon demand by Daycare. Further, Owner understands that if Owner does not pick up Owner's dog(s) as scheduled, Daycare shall be authorized to proceed according to the local municipal code governing abandonment of animals. _____ (initials)

Owner further understands and agrees that should any professional medical attention and/or advice be requested by the Owner, it will be the responsibility of the Owner's emergency contact to handle all transport and payment of veterinary visits until Owner's return. If emergency contact is unavailable, Charming Paws LLC may provide staff (if available), but Owner understands and agrees that they will be responsible for all related expenses. _____ (initials)

This Agreement shall remain in full force and effect as between the parties until and unless otherwise cancelled or superseded in writing, signed by the parties. _____ (initials)

REGARDING THE HEALTH PLAN OF MY PET DURING ITS STAY: Please read carefully.

In the event that your pet becomes injured or ill during his/her stay with us, we will make two attempts to contact you (at least 1 hour apart) in order to discuss treatment options. If we are unable to reach you, we need to know how you would like us to proceed with treatment of your pet.

Option A: ____ Treat my pet as needed. Do any and all diagnostic tests, treatments, and surgeries necessary for the well-being of my pet. I accept full financial responsibility for all charges related to the treatment of my pet(s).

Option B: ____ Treat my pet as needed. Do any and all diagnostic tests, treatments, and surgeries necessary. However, should the veterinarian determine that my pet requires extensive measures to maintain life, I request that they euthanize (put to sleep) my pet. I understand the "extensive measures" is left to the discretion of the doctor. I accept full financial responsibility for all charges related to the treatment of my pet(s).

Option C: ____ Treat my pet as needed, but not to exceed \$_____ (\$150.00 suggestion) I understand that if the proposed treatment exceeds the amount designated, and I or my agent cannot be contacted, my pet will NOT receive further medical treatment even if it is life-threatening. I understand that if treating doctor or his agent(s) feel that my pet is undergoing needless pain and suffering due to the lack of medical care, and that the treatments and tests needed would exceed the above amount, treating and his agent(s) are authorized to euthanize my pet. I will be responsible for all charges occurred during that time.

DURING MY PET'S STAY: Charming Paws LLC is to use all reasonable precautions against illness, injury, or escape of my pet, but will not be held liable or responsible in any manner whatever, or any circumstances, on account of the care, treatment, or safe keeping of my pet, as it is thoroughly understood that I assume all risks. Should the circumstance arise that my pet remains unclaimed after the date which I have stated as the pick-up date, I understand that

written notice will be mailed to the address below. Seven days after such written notice the pet will be considered abandoned and may be taken to an animal shelter or rescue. It is further understood that such action will not relieve me from paying all costs of the boarding service. I have read the foregoing and agree.

Signature of Owner/Representative of Owner:

Date
