

# TOP DOG LTD

## Pet Boarding Registration and Check-In

**• Pets picked up on Sunday are charged for Sunday.**

**\*\*\* Pet PLUS \$6.00 per visit. Ask for Details. REQUIRED\*\*\***

Is this the first time this pet has boarded with TOP DOG? \_\_\_\_\_ Y (Please complete both sides of this form.)  
 \_\_\_\_\_ N (Please complete the front of this page.)

Owner(s) \_\_\_\_\_

PICK UP DAY/DATE: \_\_\_\_\_ TIME \_\_\_\_\_ (Note Business Hours)

Pet Name: \_\_\_\_\_ Breed \_\_\_\_\_ Pet Name \_\_\_\_\_ Breed: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Breed \_\_\_\_\_ Pet Name \_\_\_\_\_ Breed: \_\_\_\_\_

<b>Basic Boarding Rates:</b> Dog: <input type="checkbox"/> \$28.00 Day (\$26.00/Day additional dog same run) <b>Luxury Suites:</b> <input type="checkbox"/> \$34.00 Day (\$30.00/Day additional dog same suite) Cat: <input type="checkbox"/> \$20.00 Day (\$19.00/Day additional cat same condo)	<b>NOTE: Holiday rates slightly higher and posted.</b>
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**FEEDING:**

Dry       Can       Dry/Can Mix

Own: If Own: Type: \_\_\_\_\_

Amount to Feed: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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**Times To Feed**

Am Only     Pm Only     2x Daily     3x Daily

**MEDICATION:**

Name of Medication: \_\_\_\_\_ Condition: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time Given:  Am  Pm  Special:

Name of Medication: \_\_\_\_\_ Condition: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time Given:  Am  Pm  Special:

Name of Medication: \_\_\_\_\_ Condition: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time Given:  Am  Pm  Special:

\* Health Consideration in the care of your pet: \_\_\_\_\_

**ACTIVITIES:**

_____ Extra Walks (\$3.00 for 1 \$5.00 for 2) _____ 1 to 2 extra walks on top of _____ Frequency _____ Playtime (\$7.00 ea.) _____ 15 Minutes of Play _____ Frequency _____ Group Swim (\$14.00 ea.) _____ 20 Minutes with other dogs _____ Frequency _____ Yappy Hour (\$5.00 ea.) _____ Kong with Peanut butter _____ Frequency _____ Skinny Dip (\$13.00 ea.) _____ 15 Minutes in our full size pool _____ Frequency _____ Tuck-in Treat (\$5.00 ea.) _____ Our Caretaker tucks your pup in with a treat Frequency	_____ VIP Playtime (\$10.00 ea.) _____ 15 Minutes of Play & 3 extra walks _____ Frequency _____ Group Play (\$11.00 ea.) _____ 30 Minutes with other dogs _____ Frequency _____ Ice Cream (\$5.00 ea.) _____ Doggie Ice Cream ☺ _____ Frequency _____ Canine Massage (\$13.00) _____ 15 Minutes of Therapeutic Massage _____ Frequency _____ Double Dip (\$21.00 ea.) _____ One dog swimming 2 times daily Total: 30 Minutes _____ Frequency _____ Bedtime Story (\$7.00 ea.) _____ Our Caretaker tucks your pup in with a bedtime story Frequency
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<p style="text-align: center;"><b><u>GROOMING:</u></b></p> <p><input type="checkbox"/> Bath: *All baths include: ear cleaning, toe nail trimming, and 10 minutes of brushing.</p> <p><input type="checkbox"/> Haircut include baths</p> <p>Instructions: _____</p>	<p style="text-align: center;"><b><u>EXTRAS:</u></b></p> <p><input type="checkbox"/> Brush Teeth \$8    <input type="checkbox"/> Teeth Deep Clean \$20 (\$12 thereafter)</p> <p><input type="checkbox"/> Nails \$8-\$12    <input type="checkbox"/> Dremel Nails \$12 - \$20    <input type="checkbox"/> Nail Caps \$30</p> <p style="padding-left: 40px;"><input type="checkbox"/> Furminator \$20-\$30    <input type="checkbox"/> Anal Glands \$10</p> <p><input type="checkbox"/> Hot Oil Treatment: Sm - Med. \$8 Lg - X-lg \$10</p>
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**Luggage:** Please list all items that are accompanying your pet (limit 2 toys). We provide bedding for all pets. If you are providing your own bedding, you will be asked to sign a bedding / belongings Release. We are not responsible for lost, dirty, or damaged items.

Bedding: \_\_\_\_\_  Toys: \_\_\_\_\_

**Statement of Consent**

I have read and agree to the terms and policies listed on the front and back of this form and verify that all information, including current veterinarian, on both sides is complete and accurate. If there has been any changes in my address, telephone number, veterinarian, or other information, I have filled out both sides of this form to make the kennel aware of such changes. I have noted business hours and am aware of the charges for the services that my pet(s) will incur during this stay. **Pets picked up on Sunday will be charged for Sunday!!!**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact # \_\_\_\_\_

**For Office Use Only**

Check in Date: \_\_\_\_\_

Day: \_\_\_\_\_ By: \_\_\_\_\_

Typed By: \_\_\_\_\_

# TOP DOG LTD Boarding Contract

This contract is between Top Dog LTD (hereafter referred to as kennel) and the pet owner whose signature appears on the front of this sheet (hereafter referred to as owner).

1. Owner agrees to pay the rate for boarding in effect on the date the pet is checked into the kennel.
2. Owner agrees to pay all costs for special services requested for the pet during the time it is in the care of the kennel.
3. Owner further agrees to pay all veterinary costs for the pet during the time it is in the care of the kennel.
4. Owner further agrees that the animal shall not leave the kennel until all charges are paid to the kennel.
5. Should the pet become ill or the state of the animal's health requires professional attention, the kennel, at its sole discretion may engage the services of a veterinarian or administer medicine or give other requisite attention to the animal, and the expenses thereof shall be paid by the owner.
6. The kennel shall exercise reasonable care for the pet delivered by the owner, to the kennel, for boarding or grooming. It is expressly agreed by the owner and the kennel that the kennel's liability shall in no event exceed the lesser of the current chattel value of the pet of the same species or the sum of \$200.00 per animal. The owner agrees to be solely responsible for any and all acts of behavior of said pet while it is in the care of the kennel.
7. All charges incurred by the owner shall be payable upon pick up of the pet. The kennel shall have, and is hereby granted, a lien on the pet for any and all unpaid charges. The kennel may exercise its lien right upon 10 days written notice to the owner, by certified mail, to the address on permanent record. The kennel may dispose of pet for any and all unpaid charges at private or public sale or any other method the kennel deems appropriate, in the sole discretion of the kennel and the owner specifically waives all statutory or legal rights to the contrary. If such sale shall not secure a price adequate to pay charges, then the owner shall be liable for the difference.
8. The owner understands that the kennel cannot be held responsible for lost, dirty, damaged, or destroyed belongings.
9. The owner specifically represents to the kennel that the pet has not been exposed to rabies, parvo, or distemper within 30 days prior to current services, and further, said pet has received an annual rabies, distemper, parvo, and bordatella vaccination which can be confirmed by the veterinarian listed on the permanent computer or the original boarding contract. If said vaccines cannot be confirmed, the kennel has the authority to have any or all said vaccines administered at the owner's expense.

NOTICE: Any pet arriving with fleas or ticks will be treated at the owner's expense prior to boarding visits. In addition, the kennel reserves the right to refuse services at any time for any reason regardless of reservations or prior arrangements.

## Repeat

**Boarders:** Please indicate any changes in information that have occurred since you first completed this information form.

### Owner Information (to be completed by all first time boarders)

Owners Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ (Our Use Only: Reservation Confirmation, News, Discount Offers)

Emergency Contact 1 Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact 2 Name \_\_\_\_\_ Phone \_\_\_\_\_

Referred By: \_\_\_\_\_

### Pet Information (to be completed by all first time boarders)

Veterinarian: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Pet 1 Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Pet 2 Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Pet 3 Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Pet 4 Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Birth Date 1 \_\_\_\_\_ 2 \_\_\_\_\_ Pet 1) Male \_\_\_ N\_\_\_ Female \_\_\_ S \_\_\_ Pet 2) Male \_\_\_ N\_\_\_ Female \_\_\_ S \_\_\_

Birth Date 3 \_\_\_\_\_ 4 \_\_\_\_\_ Pet 3) Male \_\_\_ N\_\_\_ Female \_\_\_ S \_\_\_ Pet 4) Male \_\_\_ N\_\_\_ Female \_\_\_ S \_\_\_

Is your pet friendly? \_\_\_\_\_ Does your pet climb fences? \_\_\_\_\_

What is your pet afraid of? \_\_\_\_\_