

Lavonia Pet Salon, LLC

Boarding Contract

Owner's Information:

Owner's Name : _____

Phone Number: _____

Owner's Address: _____

Emergency Contact's Name : _____

Phone Number : _____

Pet's Information:

Pet's Name: _____ Breed: _____

Veterinary Information:

Veterinarian's Name: _____

Veterinarian's Phone Number : _____

Rabies Expiration Date(MM/DD/YEAR): _____

Medication Information:

Is he/she on any medication? Yes or No

If yes, Will they need the medication while they're here? Yes or No

Name of Medication: _____ Directions: _____

Feeding:

Food (please circle one): Will be provided by Kennel or I will provide my own food

Feeding Schedule(please circle one) :

Once a day (AM or PM) 2 times a day Other _____

Amount of Food given at each feeding: _____

Does he/she need to eat again today? Yes or No

Health Questions:

Does your pet have any pre-existing problems we should be aware of?

**Are there any other things that we need to know about your pet that would help us?
(Afraid of thunderstorms, fractiousness, separation anxiety, etc...)**

Has your pet been ill or shown signs of illness in the past 2 to 4 weeks? If so, please explain.

Does your pet show any signs of aggression? (food, toy, cat, other dog, people, kennel, etc....)This will help us know how to handle your pet to make their stay as pleasant as possible.

Personal Belongings:

While we do our best to return items left with your pet at the time of discharge, occasionally items can be misplaced. Therefore, we cannot accept responsibility for leashes, toys, blankets, etc. that may be lost while your pet is boarding. If you would still like to leave any personal belongings we will write your name on them in permanent marker, please provide us with a list below:

Boarding Policies:

Proof of current Rabies vaccination is required for all boarders. Rabies is a law and must be given by a licensed veterinarian prior to boarding.

Pets that require excessive cage cleanup will be charged an additional \$3.00 per night.

In order to maintain a "flea free" environment, your pet will be checked for fleas upon admission. **If fleas are present, your pet will be treated with a capstar and you will be charged \$10.**

If your pet has diarrhea while in our care your pet will be treated with Pro-Pectalin. **You will be charged \$5 per day that your pet has to be treated.**

Authorization for Treatment and Liability Waiver:

If your pet becomes ill during his/her stay with us a veterinarian will examine them. We will make every attempt to contact you at the numbers provided. Medical treatment will be provided at your preferred veterinarian if possible or the local veterinary hospital. All costs associated with any medical treatment given while boarding will be at the owners' expense and due upon your pet's release. I understand certain "activities" that my pet may participate in, including daycare, boarding, one on one play, within the facility, involve risk and possible injury, included but not limited to exposure to parasites, viruses and other medical conditions, sprains, broken bones, cuts, or death. I also understand that pets can get away from the kennel staff due to unforeseen circumstances and will not hold Lavonia Pet Salon, LLC or its staff responsible. I am also aware I will be billed for any damages my pet may cause to the facility. I also permit Lavonia Pet Salon, LLC to use any photography of my pet for advertising purposes.

Owner's Signature: _____

Authorization for release of Pet to another person other than the Owner:

If someone other than the owner is to pick up your pet from boarding please let us know at drop off. **We will not release your pet to someone other than the owner without prior consent.**

Name of Person Picking up if not owner: _____

Phone Number: _____

Owner's Signature: _____

Abandoned Pet Protocol: All pets must be picked up within 5 days of the specified check out date. All efforts to contact the owner will be made in a timely manner. Failure to respond and/or pick up your pet(s) will result in facility protocol for abandoned animals. The undersigned acknowledges contracting for the above services and understands that any and all costs incurred will be the responsibility of the pet owner, and he/she is responsible for all balances due.

Signature: _____ Date: _____

Owner Consent for CPR or DNR

CPR- Cardio Pulmonary Resuscitation is the treatment provided for a pet who has stopped breathing or whose heart has stopped beating. Resuscitation of a pet who has stopped breathing (but still has a heartbeat) is more likely to be successful than a pet who has no heartbeat.

DNR- Do Not Resuscitate means that if a pet stops breathing or his/her heart has stopped, no effort should be made by our CPR Certified Staff Member to attempt to revive the pet, and the pet will be allowed to die.

IN THE EVENT OF A MEDICAL CRISIS

____ **I wish for the CPR** Certified Staff member on duty at Lavonia Pet Salon, LLC to perform CPR on my pet if he/she suffers respiratory or cardiac arrest. I understand that my pet may or may not respond to this life-saving procedure. I understand that if my pet survives because of CPR, he/she may have permanent health issues.

____ **I DO NOT want CPR performed** on my pet. I understand that if my pet stops breathing, and/or his/her heart stops beating, that my pet will die. I elect to have DNR orders placed on my pet's record for his/her grooming appointments and/or boarding stay.

Owner's Signature _____ Date _____

Please Note we are not a 24 hour facility and your pet will be left unattended after
hours if they are boarding.