

The attached pages make up our boarding agreement. We ask a tremendous amount of information about your pet. We understand new puppy parents may not be able to complete all portions of this form, but please complete as much as possible. Our services are "tailored to meet your pet's needs." The more we know, the better we can do just that. Please allow 15 minutes for check-in.

We do have a few requirements before your pet can stay at our resort:

- Current Rabies, Distemper Series and Bordetella (kennel cough) Vaccinations
- Must bring us a copy of shot record in the form of a receipt or health record from their vet.
- Pets MUST BE FREE of Fleas, Ticks and other Parasites.
- Bring pet's food and treats (helps pet stay consistent)
- Parents may bring toys and bedding, however they may not be returned if they are damaged while staying with us. Your pet's bedding will most likely be washed while staying with us. To ensure a clean and neutralized environment, we must wash anything that becomes soiled or wet.
- Hours: Tuesday-Saturday 12:00pm -5:30, Sunday 1:30-5:00, Monday 12:00pm-4:00 or by appointment. Closed to the public Easter, Memorial day, July 4th, Thanksgiving, Christmas, New Year's Day.

  We look forward to having your pet as a guest while you're away.

City	Parent's Name		Pet's Name		
EMERGENCY CONTACT AND/OR THOSE AUTHORIZED TO PICK-UP YOUR PET AND MAKE DECISIONS ON YOUR BEHALF. This person is authorized to make decisions on behalf of the owner in case of emergency, if the owner connet is recircle. This person will also serve as our first posted of contacting any more of controlled any more in case of emergency, if the owner connet is recircled. This person will also serve as our first posted of contacting and controlled and the controlled in the controll					
EMERGENCY CONTACT AND/OR THOSE AUTHORIZED TO PICK-UP YOUR PET AND MAKE DECISIONS ON YOUR BEHALF. This person is authorized to make decisions on behalf of the owner in case of emergency, if the owner cannot be readed. This person will also serve as out list joint of contact in we do not receive any from communication from post owner within to day of the agreed read-caldidapters.  Name:					
EMERGENCY CONTACT AND/OR THOSE AUTHORIZED TO PICK-UP YOUR PET AND MAKE DECISIONS ON YOUR BEHALF.  This person is authorized to make decisions on behalf of the owner in case of emergency, if the owner cannot be reached. This person will allow serve as our first point of contract if we do not receive any form of communication from pot owner within to object of the owner cannot be mached. This person will allow serve as our first point of contract if we do not cannot receive any form of communication from pot owner within to object of the owner cannot be reached. This person will allow serve as our first point of contract if we do not cannot receive any owner pets and the person is name isn't on this form, or use don't have a previously signed authorization, new YILL NOT release your pet, Please note that non-owners must bring their driver's license or other government issued, picture identification in order for us to release your pet.  Pet's Nickname(s) Breed Age/Birthday Sex/once wit met apply) Male Female Spayed Neutered  What's your pets feeding schedule? Serving amount?  Sex/our pet allerate to: Carrots Peanut Butter Cheese Whiz Any Dietary Restrictions?  Medical and Personality  Known Medical Problems: Source the apply) Male Female Spayed Neutered  What's your pet on any prescribed medication(s)  Admin schedule:  Veterinarian: Known Medical Problems: Source the apply) Male Female Spayed Neutered  What's your pet on any prescribed medication(s)  Admin schedule:  Veterinarian: Administration: a few of \$5.00 is charged each time a dosage is administered. We do not consider vitamins medication.  Please indicate how you would like us to handle any non-life threatening, but necessary treatments:    Initiate treatment without notice.					
Name: Phone: Name: Phone: Name: Phone: Phone			_	MAKE DECISIONS	ON YOUR BEHALF.
Name: Phone: Name: Phone: Name: Phone: Name: Phone: Phone: Name: Phone: Name: Phone: Name: Phone: Name: Phone: Name: Phone: Name: Phone: Phone: Name: Phone: Name: Phone: Name: Phone: Name: Phone: Name: Phone: Name: N	This person is authorized to make decis. we do not i	ions on behalf of the owner receive any form of communication	in case of emergency, if the owner cannot be from pet owner within two days of the agreed upo	e reached. This person will also on check-out/departure date.	serve as our first point of contact if
Pet's Nickname(s) Breed Age/Birthday Pet's Nickname(s) Breed Age/Birthday Age/Birthday Sex(circle all that apply) Male Female Spayed Neutered  What's your pet's feeding schedule? Serving amount?  Weight Serving amount?  Weight Serving amount?  Weight Age/Birthday Male Female Spayed Neutered  What's your pet's feeding schedule? Serving amount?  Weterinarian: Known Medical Problems:  Admin schedule: Admin schedule: Admin schedule: Admin schedule: Admin schedule: Medication Administration: a fee of \$5.50 is charged each time a dosage is administered. We do not consider vitamins medication.  Please Indicate how you would like us to handle any non-life threatening, but necessary treatments:  Initiate treatment without notice. Attempt to contact me. If I'm not available, initiate treatment without notice.  Do not initiate treatment until contacting me.  I AUTHORIZE AND ALLOW MY PET'(S) VETERINARIAN LISTED ABOVE TO SHARE INFORMATION WITH BOWS AND BANDANAS ABOUT MY PETS.  I AUTHORIZE BOWS AND BANDANAS ABOUT MY PETS.  I AUTHORIZE BOWS AND BANDANAS ABOUT MY PETS.  BOWS AND BANDANAS, OR THE VETERINARIAN'S OFFICE IS UNABLE TO REACH ME AT THE PHONE NUMBERS LISTED ABOVE, I AUTHORIZE BOWS AND BANDANAS TO MAKE DECISIONS ABOUT TREATMENT ON MY BEHALF. BOWS AND BANDANAS MAY USE ANY AVAILABLE VETERINARIAN.  Does your pet suffer from separation anxiety?  Does your pet have any issues that would cause restrictions of activities or movement?  WEALTH CONDITIONS  PLEASE EXPLAIN:	Name:	Phone:	Name:	Pho	one:
Pet's Nickname(s) Breed Age/Birthday Pet's Nickname(s) Breed Age/Birthday Age/Birthday Sex(circle all that apply) Male Female Spayed Neutered  What's your pet's feeding schedule? Serving amount?  Weight Serving amount?  Weight Serving amount?  Weight Age/Birthday Male Female Spayed Neutered  What's your pet's feeding schedule? Serving amount?  Weterinarian: Known Medical Problems:  Admin schedule: Admin schedule: Admin schedule: Admin schedule: Admin schedule: Medication Administration: a fee of \$5.50 is charged each time a dosage is administered. We do not consider vitamins medication.  Please Indicate how you would like us to handle any non-life threatening, but necessary treatments:  Initiate treatment without notice. Attempt to contact me. If I'm not available, initiate treatment without notice.  Do not initiate treatment until contacting me.  I AUTHORIZE AND ALLOW MY PET'(S) VETERINARIAN LISTED ABOVE TO SHARE INFORMATION WITH BOWS AND BANDANAS ABOUT MY PETS.  I AUTHORIZE BOWS AND BANDANAS ABOUT MY PETS.  I AUTHORIZE BOWS AND BANDANAS ABOUT MY PETS.  BOWS AND BANDANAS, OR THE VETERINARIAN'S OFFICE IS UNABLE TO REACH ME AT THE PHONE NUMBERS LISTED ABOVE, I AUTHORIZE BOWS AND BANDANAS TO MAKE DECISIONS ABOUT TREATMENT ON MY BEHALF. BOWS AND BANDANAS MAY USE ANY AVAILABLE VETERINARIAN.  Does your pet suffer from separation anxiety?  Does your pet have any issues that would cause restrictions of activities or movement?  WEALTH CONDITIONS  PLEASE EXPLAIN:	Name:	Phone:	Name:	Pho	ne:
Color Weight Sex/circle all that apply) Male Female Spayed Neutered  What's your pet's feeding schedule? Serving amount?  Seyour pet allergic to: Carrots Peanut Butter Cheese Whiz Any Dietary Restrictions?  Medical and Personality  Veterinarian: Admin schedule:  Seyour pet on any prescribed medication(s)  Well-the-counter medication(s) (including vitamins)  New-the-counter medication(s) (including vitamins)  New-the-counter medication(s) (including vitamins)  New-the-counter medication(s) (including vitamins)  New that is the of \$.50 is charged each time a dosage is administered. We do not consider vitamins medication.  Please indicate how you would like us to handle any non-life threatening, but necessary treatments:  Admin schedule:  New that is the of \$.50 is charged each time a dosage is administered. We do not consider vitamins medication.  Please indicate how you would like us to handle any non-life threatening, but necessary treatments:  Admin schedule:  Do not initiate treatment until contacting me.  I AUTHORIZE AND ALLOW MY PET'(S) VETERINARIAN LISTED ABOVE TO SHARE  INFORMATION WITH BOWS AND BANDANAS ABOUT MY PETS.  I AUTHORIZE BOWS AND BANDANAS TO SEEK MEDICAL CARE FOR MY PET NEEDED. I  BOWS AND BANDANAS, OR THE VETERINARIAN'S OFFICE IS UNABLE TO REACH ME AT THE PHONE NUMBERS LISTED ABOVE, I AUTHORIZE BOWS AND BANDANAS TO MAKE DECISIONS ABOUT TREATMENT ON MY BEHALF. BOWS AND BANDANAS MAY USE ANY AVAILABLE VETERINARIAN.  Does your pet suffer from separation anxiety?  Does your pet suffer from separation anxiety?  Does your pet suffer from separation anxiety?  Does your pet have any issues that would cause restrictions of activities or movement?  HEALTH CONDITIONS  PLEASE EXPLAIN:	If the person's name isn't or your pet. Please note tha	<u>t non-owners must l</u>	<u>bring their driver's license o</u>	<u>r other governmer</u>	e WILL NOT release at issued, picture
What's your pet's feeding schedule? Serving amount?    Serving amount?	Pet's Nickname(s)		Breed	Age/Bi	rthday
Medical and Personality   Nown Medical Problems:   Admin schedule:   Nown Medical Problems:   Admin schedule:   Admin schedule:   Nown Medication(s)   Admin schedule:   Admin schedule:   Nown Medication(s)   Admin schedule:   Nown Medication(s)   Admin schedule:   Nown Medication(s)   Admin schedule:   Nown Medication   Nown Medication   Admin schedule:   Nown Medication   Nown Medicat	Color	Weight	Sex(circle all that apply)	Male Female Spayed I	Neutered
Medical and Personality	What's your pet's feeding schedule?		Serving amount?		
Known Medical Problems:   Admin schedule:   Ad	Is your pet allergic to: Carrots Peanu	t Butter Cheese Whiz An	y Dietary Restrictions?		
Admin schedule:		Medic	al and Personalit	<u>'y</u>	
Over-the-counter medication(s) (including vitamins)					
Please indicate how you would like us to handle any non-life threatening, but necessary treatments:   Initiate treatment without notice.   Attempt to contact me. If I'm not available, initiate treatment without notice.   Do not initiate treatment until contacting me.    I AUTHORIZE AND ALLOW MY PET'(S) VETERINARIAN LISTED ABOVE TO SHARE INFORMATION WITH BOWS AND BANDANAS ABOUT MY PETS.   I AUTHORIZE BOWS AND BANDANAS TO SEEK MEDICAL CARE FOR MY PET NEEDED. I BOWS AND BANDANAS, OR THE VETERINARIAN'S OFFICE IS UNABLE TO REACH ME AT THE PHONE NUMBERS LISTED ABOVE, I AUTHORIZE BOWS AND BANDANAS TO MAKE DECISIONS ABOUT TREATMENT ON MY BEHALF. BOWS AND BANDANAS MAY USE ANY AVAILABLE VETERINARIAN.    Open your pet suffer from separation anxiety?   Does your pet have any issues that would cause restrictions of activities or movement?					
Please indicate how you would like us to handle any non-life threatening, but necessary treatments:    Initiate treatment without notice.   Attempt to contact me. If I'm not available, initiate treatment without notice.   Do not initiate treatment until contacting me.    I AUTHORIZE AND ALLOW MY PET'(S) VETERINARIAN LISTED ABOVE TO SHARE INFORMATION WITH BOWS AND BANDANAS ABOUT MY PETS.   I AUTHORIZE BOWS AND BANDANAS TO SEEK MEDICAL CARE FOR MY PET NEEDED. I BOWS AND BANDANAS, OR THE VETERINARIAN'S OFFICE IS UNABLE TO REACH ME AT THE PHONE NUMBERS LISTED ABOVE, I AUTHORIZE BOWS AND BANDANAS TO MAKE DECISIONS ABOUT TREATMENT ON MY BEHALF. BOWS AND BANDANAS MAY USE ANY AVAILABLE VETERINARIAN.    Does your pet suffer from separation anxiety?   Does your pet have any issues that would cause restrictions of activities or movement?	• • • • • • • • • • • • • • • • • • • •	·————			
I AUTHORIZE AND ALLOW MY PET'(S) VETERINARIAN LISTED ABOVE TO SHARE INFORMATION WITH BOWS AND BANDANAS ABOUT MY PETS.  I AUTHORIZE BOWS AND BANDANAS TO SEEK MEDICAL CARE FOR MY PET NEEDED. I BOWS AND BANDANAS, OR THE VETERINARIAN'S OFFICE IS UNABLE TO REACH ME AT THE PHONE NUMBERS LISTED ABOVE, I AUTHORIZE BOWS AND BANDANAS TO MAKE DECISIONS ABOUT TREATMENT ON MY BEHALF. BOWS AND BANDANAS MAY USE ANY AVAILABLE VETERINARIAN.  Does your pet suffer from separation anxiety?    Does your pet have any issues that would cause restrictions of activities or movement?    HEALTH CONDITIONS     PILLEPSY BACK INJURY HEART CONDITION HIP DYSPLASIA ARTHRITIS HEARING/SIGHT IMPAIRED ALLERGIES ASTHMA     PILLEPSY BACK INJURY HEART CONDITION HIP DYSPLASIA ARTHRITIS HEARING/SIGHT IMPAIRED ALLERGIES ASTHMA     PILLEPSY BACK INJURY HEART CONDITION HIP DYSPLASIA ARTHRITIS HEARING/SIGHT IMPAIRED ALLERGIES ASTHMA     PILLEPSY BACK INJURY HEART CONDITION HIP DYSPLASIA ARTHRITIS HEARING/SIGHT IMPAIRED ALLERGIES ASTHMA     PILLEPSY BACK INJURY HEART CONDITION HIP DYSPLASIA ARTHRITIS HEARING/SIGHT IMPAIRED ALLERGIES ASTHMA     PILLEPSY BACK INJURY HEART CONDITION HIP DYSPLASIA ARTHRITIS HEARING/SIGHT IMPAIRED ALLERGIES ASTHMA     PILLEPSY BACK INJURY HEART CONDITION HIP DYSPLASIA ARTHRITIS HEARING/SIGHT IMPAIRED ALLERGIES ASTHMA     PILLEPSY BACK INJURY HEART CONDITION HIP DYSPLASIA ARTHRITIS HEARING/SIGHT IMPAIRED ALLERGIES ASTHMA     PILLEPSY BACK INJURY HEART CONDITION HIP DYSPLASIA ARTHRITIS HEARING/SIGHT IMPAIRED ALLERGIES ASTHMA     PILLEPSY BACK INJURY HEART CONDITION HIP DYSPLASIA ARTHRITIS HEARING/SIGHT IMPAIRED ALLERGIES ASTHMA     PILLEPSY BACK INJURY HEART CONDITION HIP DYSPLASIA ARTHRITIS HEARING/SIGHT IMPAIRED ALLERGIES ASTHMA     PILLEPSY BACK INJURY HEART CONDITION HIP DYSPLASIA ARTHRITIS HEARING/SIGHT IMPAIRED ALLERGIES ASTHMA     PILLEPSY BACK INJURY HEART CONDITION HIP DYSPLASIA ARTHRITIS HEARING/SIGHT IMPAIRED ALLERGIES ASTHMA     PILLEPSY BACK INJURY HEART CONDITION HIP DYSPLASIA ARTHRITIS HEARING/SIGHT IMPAIRED ALLERGI					treatments:
I AUTHORIZE AND ALLOW MY PET'(S) VETERINARIAN LISTED ABOVE TO SHARE INFORMATION WITH BOWS AND BANDANAS ABOUT MY PETS.  I AUTHORIZE BOWS AND BANDANAS TO SEEK MEDICAL CARE FOR MY PET NEEDED. I BOWS AND BANDANAS, OR THE VETERINARIAN'S OFFICE IS UNABLE TO REACH ME AT THE PHONE NUMBERS LISTED ABOVE, I AUTHORIZE BOWS AND BANDANAS TO MAKE DECISIONS ABOUT TREATMENT ON MY BEHALF. BOWS AND BANDANAS MAY USE ANY AVAILABLE VETERINARIAN.  Does your pet suffer from separation anxiety?  Does your pet have any issues that would cause restrictions of activities or movement?  HEALTH CONDITIONS  EPILEPSY BACK INJURY HEART CONDITION HIP DYSPLASIA ARTHRITIS HEARING/SIGHT IMPAIRED ALLERGIES ASTHMA PLEASE EXPLAIN:		-			_
I AUTHORIZE AND ALLOW MY PET'(S) VETERINARIAN LISTED ABOVE TO SHARE INFORMATION WITH BOWS AND BANDANAS ABOUT MY PETS.  I AUTHORIZE BOWS AND BANDANAS TO SEEK MEDICAL CARE FOR MY PET NEEDED. I BOWS AND BANDANAS, OR THE VETERINARIAN'S OFFICE IS UNABLE TO REACH ME AT THE PHONE NUMBERS LISTED ABOVE, I AUTHORIZE BOWS AND BANDANAS TO MAKE DECISIONS ABOUT TREATMENT ON MY BEHALF. BOWS AND BANDANAS MAY USE ANY AVAILABLE VETERINARIAN.  Does your pet suffer from separation anxiety?  Does your pet have any issues that would cause restrictions of activities or movement?  HEALTH CONDITIONS  EPILEPSY BACK INJURY HEART CONDITION HIP DYSPLASIA ARTHRITIS HEARING/SIGHT IMPAIRED ALLERGIES ASTHMA PLEASE EXPLAIN:	477-	_	·	·	
INFORMATION WITH BOWS AND BANDANAS ABOUT MY PETS.  I AUTHORIZE BOWS AND BANDANAS TO SEEK MEDICAL CARE FOR MY PET NEEDED. I BOWS AND BANDANAS, OR THE VETERINARIAN'S OFFICE IS UNABLE TO REACH ME AT THE PHONE NUMBERS LISTED ABOVE, I AUTHORIZE BOWS AND BANDANAS TO MAKE DECISIONS ABOUT TREATMENT ON MY BEHALF. BOWS AND BANDANAS MAY USE ANY AVAILABLE VETERINARIAN.  Does your pet suffer from separation anxiety?  Does your pet have any issues that would cause restrictions of activities or movement?  HEALTH CONDITIONS  PLEASE EXPLAIN:	HERE!		Timudo dodinone dital contacting me	•	
INFORMATION WITH BOWS AND BANDANAS ABOUT MY PETS.  I AUTHORIZE BOWS AND BANDANAS TO SEEK MEDICAL CARE FOR MY PET NEEDED. I BOWS AND BANDANAS, OR THE VETERINARIAN'S OFFICE IS UNABLE TO REACH ME AT THE PHONE NUMBERS LISTED ABOVE, I AUTHORIZE BOWS AND BANDANAS TO MAKE DECISIONS ABOUT TREATMENT ON MY BEHALF. BOWS AND BANDANAS MAY USE ANY AVAILABLE VETERINARIAN.  Does your pet suffer from separation anxiety?  Does your pet have any issues that would cause restrictions of activities or movement?  HEALTH CONDITIONS  PLEASE EXPLAIN:	I AUTHORI	ZE AND ALLOW	MY PET'(S) VETERINA	RIAN LISTED A	BOVE TO SHARE
Bows and Bandanas, or the Veterinarian's Office is unable to reach me at the phone numbers listed above, I authorize Bows and Bandanas to make decisions about treatment on my behalf. Bows and Bandanas may use any available veterinarian.  Does your pet suffer from separation anxiety?  Does your pet have any issues that would cause restrictions of activities or movement?  HEALTH CONDITIONS  PILEPSY BACK INJURY HEART CONDITION HIP DYSPLASIA ARTHRITIS HEARING/SIGHT IMPAIRED ALLERGIES ASTHMA PLEASE EXPLAIN:			· · · · · · · · · · · · · · · · · · ·		
PHONE NUMBERS LISTED ABOVE, I AUTHORIZE BOWS AND BANDANAS TO MAKE DECISIONS ABOUT TREATMENT ON MY BEHALF. BOWS AND BANDANAS MAY USE ANY AVAILABLE VETERINARIAN.  Does your pet suffer from separation anxiety?  Does your pet have any issues that would cause restrictions of activities or movement?  HEALTH CONDITIONS  PILEPSY BACK INJURY HEART CONDITION HIP DYSPLASIA ARTHRITIS HEARING/SIGHT IMPAIRED ALLERGIES ASTHMA PLEASE EXPLAIN:	I AUTHORIZ	E BOWS AND BA	NDANAS TO SEEK MEDIC	CAL CARE FOR I	Y PET NEEDED. IF
PHONE NUMBERS LISTED ABOVE, I AUTHORIZE BOWS AND BANDANAS TO MAKE DECISIONS ABOUT TREATMENT ON MY BEHALF. BOWS AND BANDANAS MAY USE ANY AVAILABLE VETERINARIAN.  Does your pet suffer from separation anxiety?  Does your pet have any issues that would cause restrictions of activities or movement?  HEALTH CONDITIONS  PILEPSY BACK INJURY HEART CONDITION HIP DYSPLASIA ARTHRITIS HEARING/SIGHT IMPAIRED ALLERGIES ASTHMA PLEASE EXPLAIN:	Bows and Bandan	AS, OR THE VETE	RINARIAN'S OFFICE IS U	NABLE TO REA	CH ME AT THE
ABOUT TREATMENT ON MY BEHALF. BOWS AND BANDANAS MAY USE ANY AVAILABLE VETERINARIAN.  Does your pet suffer from separation anxiety?  Does your pet have any issues that would cause restrictions of activities or movement?  HEALTH CONDITIONS  PILEPSY BACK INJURY HEART CONDITION HIP DYSPLASIA ARTHRITIS HEARING/SIGHT IMPAIRED ALLERGIES ASTHMA  PLEASE EXPLAIN:		•			
Does your pet suffer from separation anxiety?  Does your pet have any issues that would cause restrictions of activities or movement?  HEALTH CONDITIONS  EPILEPSY BACK INJURY HEART CONDITION HIP DYSPLASIA ARTHRITIS HEARING/SIGHT IMPAIRED ALLERGIES ASTHMA PLEASE EXPLAIN:		•			
Does your pet have any issues that would cause restrictions of activities or movement?  HEALTH CONDITIONS  PILEPSY BACK INJURY HEART CONDITION HIP DYSPLASIA ARTHRITIS HEARING/SIGHT IMPAIRED ALLERGIES ASTHMA PLEASE EXPLAIN:	VETERINARIAN.				
Does your pet have any issues that would cause restrictions of activities or movement?  HEALTH CONDITIONS  PILEPSY BACK INJURY HEART CONDITION HIP DYSPLASIA ARTHRITIS HEARING/SIGHT IMPAIRED ALLERGIES ASTHMA PLEASE EXPLAIN:	Does your net suffer from senaration	on anvietv?			
HEALTH CONDITIONS  EPILEPSY BACK INJURY HEART CONDITION HIP DYSPLASIA ARTHRITIS HEARING/SIGHT IMPAIRED ALLERGIES ASTHMA  PLEASE EXPLAIN:					
PILEPSY BACK INJURY HEART CONDITION HIP DYSPLASIA ARTHRITIS HEARING/SIGHT IMPAIRED ALLERGIES ASTHMA PLEASE EXPLAIN:	, , ,				
		NDITION HIP DYSPLASIA	ARTHRITIS HEARING/SIGHT IMPA		ТНМА

	other pets?
	children?
	cats?
	Behavior
las your pet ever bitt	ten another animal or a human?
What does your p	pet do when you?
Гаке a toy away?	Take food away?
Touch when asleep?	Touch his/her neck/collar?
	et react when meeting someone new?   Eager for attention Cowers when touched Runs and hides
	et react when meeting someone new?   Eager for attention Cowers when touched Runs and hides
How does your pe	
How does your pe	et react when meeting someone new? □ Eager for attention □Cowers when touched □ Runs and hides □ Tries to nip □Urinates  loes your dog seem fearful/afraid of?  Strangers: □Never □Rarely □Sometimes □Frequently Always  Other dogs: □Never □Rarely □Sometimes □Frequently □Always
How does your pe How frequently d	et react when meeting someone new? □ Eager for attention □Cowers when touched □ Runs and hides □ Tries to nip □Urinates  loes your dog seem fearful/afraid of?  Strangers: □Never □Rarely □Sometimes □Frequently Always Other dogs: □Never □Rarely □Sometimes □Frequently □Always Loud noises: □Never □Rarely □Sometimes □Frequently □Always
How does your pe How frequently d	et react when meeting someone new? □ Eager for attention □Cowers when touched □ Runs and hides □ Tries to nip □Urinates  loes your dog seem fearful/afraid of?  Strangers: □Never □Rarely □Sometimes □Frequently Always Other dogs: □Never □Rarely □Sometimes □Frequently □Always Loud noises: □Never □Rarely □Sometimes □Frequently □Always loes your dog?  bark when left alone? □Never □Rarely □Sometimes □Frequently □Always
How does your pe How frequently d	et react when meeting someone new? □ Eager for attention □Cowers when touched □ Runs and hides □ Tries to nip □Urinates  loes your dog seem fearful/afraid of?  Strangers: □Never □Rarely □Sometimes □Frequently Always Other dogs: □Never □Rarely □Sometimes □Frequently □Always Loud noises: □Never □Rarely □Sometimes □Frequently □Always loes your dog?  bark when left alone? □Never □Rarely □Sometimes □Frequently □Always bark (in general)? □Never □Rarely □Sometimes □Frequently □Always
How does your pe How frequently d	Cowers when touched   Runs and hides   Tries to nip   Urinates   Tries to nip   Urinates   Strangers:   Never   Rarely   Sometimes   Frequently Always   Other dogs:   Never   Rarely   Sometimes   Frequently   Always   Loud noises:   Never   Rarely   Sometimes   Frequently   Always   Always   Sometimes   Frequently   Sometimes   Frequently   Sometimes   S
dow does your pe How frequently d	Cowers when touched   Runs and hides   Tries to nip   Urinates   Coes your dog seem fearful/afraid of?   Strangers:   Never   Rarely   Sometimes   Frequently Always   Other dogs:   Never   Rarely   Sometimes   Frequently   Always   Loud noises:   Never   Rarely   Sometimes   Frequently   Always   Loud noises   Frequently   Sometimes   Frequently   Always   Sometimes   Frequently   Sometimes   Frequently   Always   Sometimes   Frequently   Sometimes   Frequently   Always   Sometimes   Frequently   Sometimes   Frequently   Sometimes   Frequently   Sometimes   Sometimes   Frequently   Sometimes   Sometime
dow does your pe How frequently d	Cowers when touched   Runs and hides   Tries to nip   Urinates   Urinates   Tries to nip   Urinates   Strangers:   Never   Rarely   Sometimes   Frequently Always   Other dogs:   Never   Rarely   Sometimes   Frequently   Always   Loud noises:   Never   Rarely   Sometimes   Frequently   Always   Loud noises   Frequently   Sometimes   Frequently   Always   Strangers   Never   Rarely   Sometimes   Frequently   Always   Strangers   Stranger
How does your pe How frequently d	Eager for attention   Cowers when touched   Runs and hides   Tries to nip   Urinates   Urinates   Strangers:   Never   Rarely   Sometimes   Frequently Always   Other dogs:   Never   Rarely   Sometimes   Frequently   Always   Loud noises:   Never   Rarely   Sometimes   Frequently   Always   Hoes your dog?
How does your pe	Cowers when touched   Runs and hides   Tries to nip   Urinates   Urinates   Tries to nip   Urinates   Strangers:   Never   Rarely   Sometimes   Frequently Always   Other dogs:   Never   Rarely   Sometimes   Frequently   Always   Loud noises:   Never   Rarely   Sometimes   Frequently   Always   Loud noises   Frequently   Sometimes   Frequently   Always   Strangers   Never   Rarely   Sometimes   Frequently   Always   Strangers   Stranger

Price is per night. If no package is selected, Pampered Guest will be provided. Sessions generally last ten minutes

Pampered	1 play/pet session	Small \$16.99
	2 outside-business sessions	Medium \$18.99
<u>Guest</u>	1 leg stretching frolic in our yard	Large \$19.99
Very	1 morning & afternoon play/pet session	Small \$19.99
Important Pet	1 leg stretching frolic in our yard	Medium \$20.99
Important 1 ct	2 outside business sessions in our yard Bed-time treat & tuck-in	Large \$21.99
TToosaion	1 morning, afternoon ♦ evening play/pet session	Small 21.99
<u>Vacation</u>	2 leg stretching frolics in our yard	Medium \$23.99
Time	2 Outside-business sessions in our yard	Large \$25.99
	Bed-time treat & tuck-in	Daige \$20.99
Sanian	4 outside-business sessions in our yard	Small \$18.99
<u>Seníor</u>	4 five minute play/pet sessions	Medium \$20.99
<u>Guest</u>	Bed-time treat & tuck	Large \$21.99
Puppy Romp &	1 morning 4 afternoon play/pet sessions	_
	2 leg stretching frolic in our Puppy Yard	\$mall \$18.99
<u>Paws</u>	2 Outside-business sessions in our Puppy Yard	Medium \$20.99
(ages 4-12 months)	Social Visits to The Salon, Doggie Day Care or with the Office Staff	Large \$22.99
	Bed-time treat & tuck-in	
Cat/Small Animal	rabbit, ferret, guinea pig, hamster, chinchilla	\$14.99
Bath		Varies
Full Grooming	(Appointment Required)	
Coat Brushing	If a pet's coat is matted to the point that brushing will cause them pain or be overly uncomfortable, we will be unable to provide this service. Our salon will be happy to provide a grooming, for an additional fee.	\$15-30.00
Clean Ears		\$8.00

Teeth Brushing	\$10.00
Trim Nails	\$10.00
Extras	
Coolaro Bed(elevated cot)	\$2.00 p/night
Pig's Ear(s)	\$2.50ea
Plush Toy(s)	\$6.00ea

□ Once Daily □ Twice Daily □ Every Other Day □ Weekly □ Every Third Day	Playtime 10 minute session of play, petting and other activities	\$6.00/session
□ Once Daily □ Twice Daily □ Every Other Day □ Weekly □ Every Third Day	Frolic in the Yard 10 minute session in our play-yard	\$5.00/session
□ Once Daily □ Twice Daily □ Every Other Day □ Weekly □ Every Third Day	<b>Trail Walk</b> Available for dogs that will walk on leash. A combo of playtime and frolic will be substituted for those who cannot.	\$8.99/session
□ Once Daily □ Twice Daily □ Every Other Day □ Weekly □ Every Third Day	A Biscuit Before Bed	\$3.00/session
□ Once Daily □ Twice Daily □ Every Other Day □ Weekly □ Every Third Day	Doggie Social Life 3 hour session	\$6.00/session
□ Once Daily □ Twice Daily □ Every Other Day □ Weekly □ Every Third Day	Hide and Seek. 10 minute session	\$5.50/session
□ Once Daily □ Twice Daily □ Every Other Day □ Weekly □ Every Third Day	Buddy Time 1 hour session where your pet gets 100% of a staff member's attention	\$20.99/session
□ Once Daily □ Twice Daily □ Every Other Day □ Weekly □ Every Third Day	Massage Before Bed 5 minute session	\$4.00/session

Bows and Bandanas hereby agrees to exercise all due reasonable care to prevent injury or illness to the pet(s), to provide safe and sanitary conditions, proper, regular feeding and watering, and any other services agreed upon by the owner and kennel. However, if in the opinion of Bows and Bandanas Pet Resort, the pet(s) becomes seriously ill or injured, reasonably demanding quick action, the undersigned owner hereby grants to Bows and Bandanas the right(s) to make the determination that veterinary care is required or not required, to procure such medical attention if deemed necessary, to administer medicine, and to take any other steps judged by Bows and Bandanas to be necessary and in the best interests of the pet(s). The owner agrees he/she will be responsible for any such expense(s), being reasonable in amount, and will pay for such expenses.

Owner and Bows and Bandanas expressly agree that Bows and Bandanas Pet Resort 's liability shall in no event exceed the lesser of the current chattel value of a pet of the same species or the sum of \$500.00 per animal boarded. The Owner further agrees to be solely responsible for any and all acts or behavior of said pet while it is in the care of Bows and Bandanas Pet Resort.

All dogs are boarded or otherwise handled or cared for by Bows and Bandanas without liability on the part of the kennel for loss or damage from diseases or injury, death, running away, theft, fire, injury to persons, other pets, or property by said pet(s), or other unavoidable cause, due diligence and care having been executed. The owner understands kennel policies and procedures, and additionally holds Bows and Bandanas harmless for any injury or illness to themselves, their companions on the premises, and to the pet dog, due diligence and care having been executed to assure safety.

The undersigned owner hereby agrees to pay all boarding charges, veterinary or medication expenses, all costs for any property damage or personal injury caused by their pet(s) during its stay and charges for special services requested. All expenses will be paid before the pet(s) leaves the kennels premises. Owner understands and agrees that Bows and Bandanas shall have the right, privilege, and power to withhold re-delivery of any animal until his/her board and any other expenses have been paid, to apply any additional boarding costs incurred prior to payment, and to sell or otherwise dispose of, in its own absolute discretion, any pet(s) for which expenses have become past due and unpaid for more than seven (7) days; the amount so realized by said Kennel, if any, after deducting the costs of said sale or disposal and any additional boarding charges incurred during the interim, to be applied to said overdue expenses and the balance returned to the owner.

All charges incurred by Owner shall be payable upon pick-up of pet, or when billed by Kennel at address listed on contract. The Kennel shall have, and is hereby granted, a lien on the pet for any and all unpaid charges resulting from boarding pet at the kennel. The Owner hereby agrees that in the event the boarding charges are not paid when due in accordance with this contract, the Kennel may exercise its lien rights upon ten days written notice given by Kennel to Owner by certified mail to address shown on contract. Kennel may dispose of pet for any and all unpaid charges, at private or public sale, in the sole discretion of the Kennel, and Owner specifically waives all statutory or legal rights to the contrary. If such sale shall not secure a price adequate to pay such costs of board or other charges delinquent, plus costs of sale, then Owner shall be liable to Kennel for the difference. All monies realized by Kennel at such sale, over and above the charges due and costs of sale, shall be paid by Kennel to Owner.

Owner certifies to the accuracy of all information given about pet.

Owner Understands Bows and Bandanas operates an boarding environment designed, as much as possible and within our control, to minimize any stress(ors) to our guests. As such, we cannot allow guests who incessantly bark regardless of any and all actions taken by kennel staff, or a pet who aggravates other pets to the point of intimidation and will not stop regardless of action(s) taken by kennel staff. Owner understands and agrees to be responsible for a fee, not to exceed \$150.00 for knowingly boarding a pet that will act in the above described manner. Certain actions, to mediate or remove this fee can be taken such as: notifying kennel personnel at Check-in of the potential, however such notification does not necessarily preclude Bows and Bandanas Pet Salon from charging an additional fee.

Owner specifically represents that he or she is the sole owner of the pet, free and clear of all liens and encumbrances and that the pet has not been exposed to distemper, parvo, rabies, or Kennel Cough within the last 30 days.

Owner understands that kennel cannot be held responsible for lost, dirty, damaged, or destroyed belongings.

A non-refundable deposit is required during peak times. If no cancellation occurs, the security deposit will be credited to the boarding charge(s).

Guardian agrees that their pet(s) may be videotaped, photographed and/or recorded while they are boarding. Bows and Bandanas shall be the exclusive guardian to the results and all proceeds of such tapings, photography, and recordings with the rights, throughout the world, an unlimited number of times in perpetuity, to copyright, to use and to license to others in any manner. The guardian further agrees that their pet(s) may be used in any and all media and in the promotion, advertising, sale and publicizing,

Insect control is very important in reducing the spread of insects, disease and other health issues. We recommend that you consistently treat your pet for fleas and ticks. If fleas or ticks are found on your pet While boarding, we will initiate treatment. Owner agrees to pay for any services related to treatment.

The pet(s) will not be taken off the premises except by the consent of the owner, or in the case of medical emergency or other emergency threatening to the wellbeing of the pet(s).

Both parties agree this contract shall be applicable to future stays with BBPR. Only in the case of an amendment completed and agreed to by both parties and attached to this contract, shall any portion be altered. Only those areas where a customer provides a response to a question may be modified. No part of the wording shall, by any future contract other than one fully intended to replace this contract, be altered or omitted.

This Contract contains the entire agreement between the parties. All terms and conditions of this Contract shall be binding on the heirs, administrators, personal representatives and assigns of the Owner and Bows and Bandanas Pet Resort.

PARENT'S SIGNATURE	DATE	Check In/ Out Times MONDAY: 12:00pm - 4:00pm
Arrival Date//	_ Departure Date//_	TUES – SAT: 12:00pm-5:30pm SUNDAY: 1:30pm –5:00pm