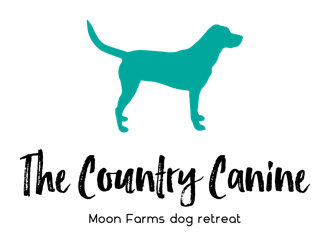
**The Country Canine**

8201 Perault Road

Prosser, WA 99350

509.983.7909

www.mooncountrycanine.com

Daycare and Boarding Agreement

#### Owner’s Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Phone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
|  |

How did you hear about The Country Canine?

Emergency Contact (other than owner):

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Handlers** – The Country Canine will release your dog to the following person(s):

|  |
| --- |
|  |

Name of Dog: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Male  Female  Spayed / Neutered

Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can we post pictures of your dog on our social media?  Yes  No

If yes, list your social media information so we can tag you : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterinarian’s Name/Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vaccinations

Please list the current expiration dates for the following vaccinations:

Bordatella \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DHPP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rabies \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your dog have a microchip?  Yes  No

Method of flea control: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your dog been ill in the last 30 days?  Yes  No

Is your dog displaying any unusual symptoms such as coughing, sneezing, or upset stomach?  Yes  No

Are there any restrictions that need to be placed on your dog's physical activities or movements?  Yes  No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your dog ever attended daycare or been boarded in a cage-free environment?  Yes  No

If yes, how did he/she respond? Please circle ALL that apply:

Playful

Talkative

Nervous

Submissive

Dominant

Aggressive

Excited

Hackles-Up

Yelping/Nipping

Possessive of toys

Herded other dogs

Ran Laps

Ignored Other Dogs

Sniffed & Peed

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your dog ever bitten a person or another dog?  Yes  No

If yes, please explain : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your dog ever exhibited aggressive behavior towards people or other dogs?  Yes  No

If yes, please explain : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your dog ever been bitten or attacked by another dog, or been abused?  Yes  No

If yes, please explain : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your dog board well?  Yes  Never Boarded  No If no, please explain : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your dog play with toys?  Yes  No If yes, favorite kind?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your dog’s favorite games? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your dog have any specialty training (ie, search & rescue, therapy, agility)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other tricks or commands that you’d like to share with us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Overnight Boarders Only:** What kind of food does your dog eat?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much & often (ie: 2c 2x/day)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**** Eats all food at mealtime **** Nibbles throughout day

**** Goes for periods without eating **** Sometimes requires more palatable food to be mixed in to eat

Does your dog have any food allergies? **** Yes **** No **please explain** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your dog eat or chew on his bedding? **** Yes **** No

#### The Country Canine Policies

##### \*\*\* Please Read \*\*\*

**\*\*\*** **and Initial Each Section \*\*\***

### Emergency Medical Care: If, in our judgment, your dog requires immediate medical care and we are unable to reach you, we will take your dog to a veterinarian or animal hospital.

** Yes Initials \_\_\_\_\_** By initialing here, you agree to be solely responsible for the payment of all medical bills for your dog and you release **The Country Canine**, its officers, directors, agents, volunteers, and employees of and from any and all responsibility for, or claims, damages, debts, arising out of or related to such medical care, including, but not limited to, transportation to/from the veterinary clinic and choice of veterinarian and animal hospital.

\_\_\_\_ All dogs must be healthy, and current on all vaccinations. You will be required to bring a copy of your dog’s updated vaccination records from your vet before you start daycare or board with us to ensure your dog’s safety as well as that of our existing dogs.

\_\_\_\_ If your dog is exhibiting any symptoms that may suggest illness such as sneezing, coughing, wheezing, runny eyes or nose, vomiting, lethargy, or diarrhea, please do not bring your dog to daycare or boarding.

\_\_\_\_ I acknowledge and understand that there are certain risks involved in day care and boarding, including but not limited to dog fights, dog bites to humans or other dogs, and the transmission of disease. Any medical expenses will be my responsibility and I release The Country Canine of any charges.

\_\_\_\_ No choke chains, corrective collars, harnesses or clothing allowed in daycare.

\_\_\_\_ All charges must be paid in full upon pick-up of your dog. Dogs left ten days beyond the agreed pick-up date will become property of The Country Canine.

\_\_\_\_ Changing a dog’s food can cause upset stomach, owners are welcomed & encouraged to bring their dog’s food from home. Owners are welcome to bring their dog’s own bedding or toys if desired, however we cannot guarantee that they will be returned in the same condition.

\_\_\_\_ We accept Visa, Mastercard, Discover, cash, or check (please note, there is a $25 returned check fee). Payment is due upon pickup of your dog. The Country Canine reserves the right, without notice, to adjust its fees for services. Please inquire at the front desk as to our current fees.

**By submitting this form,**

1. \_\_\_\_ You indicate your agreement with all the terms listed hereof,
2. \_\_\_\_ You release, indemnify, and agree to hold The Country Canine harmless from any and all manner of damages, claims, loss, liabilities, costs or expenses, causes of actions or suits, whatsoever in law or equity, (including, without limitation, attorney’s fees and related costs) arising out of or related to the services provided by The Country Canine, except which may arise from the sole gross negligence or intentional and willful misconduct of The Country Canine, including, without limitation, (i) any inaccuracy in any statement made by yourself or information provided by you to The Country Canine, (ii) your dog, including but not limited to destruction of property, dog bites, injury, and transmission of disease, and (iii) any action by yourself which is in breach of the terms and conditions of this agreement.
3. \_\_\_\_ This agreement covers the current relationship between The Country Canine and yourself. Each time you bring your dog to The Country Canine, you affirm the terms of this Agreement, and the truthfulness and accuracy of all statements you make in this Agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date