



## Registration & Check-In

- **Pets picked up on Saturday or Sunday between 4:00 - 6:00 p.m. are charged for that day.**
- **Pets picked up before 2:00 p.m. Monday - Friday are not charged for that day.**
- **We require current vaccinations, including bordetella within the last 6 months.**
- **We require a credit card to be on file for all 1<sup>st</sup> Time Reservations & Holiday Boarding.**

**What brings you in today?** (Please check all that apply) Boarding  Daycare  Training   
**1st time this pet has boarded at Dog Daze?**  YES (Please complete both sides)  NO (Front page only)  
 Owner(s) \_\_\_\_\_ **Emergency Contact/Cell #** \_\_\_\_\_  
 Email Address (for receipts & reservations, **NOT** for spam) \_\_\_\_\_  
 Pick up date \_\_\_\_\_ Time \_\_\_\_\_ (Please See Business Hours at Bottom of Page)  
 Pet 1 name \_\_\_\_\_ Breed \_\_\_\_\_ Pet 3 name \_\_\_\_\_ Breed \_\_\_\_\_  
 Pet 2 name \_\_\_\_\_ Breed \_\_\_\_\_ Pet 4 name \_\_\_\_\_ Breed \_\_\_\_\_

**Medication** Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_  
 Condition \_\_\_\_\_ Time Given: \_\_\_\_\_ AM PM  
 Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_  
 Condition \_\_\_\_\_ Time Given: \_\_\_\_\_ AM PM

**Feeding** (Dog Daze serves a dry kibble) Did you bring your own food? No  Yes   
**Amount to Feed** \_\_\_\_\_ Dry  Can  Dry/Can mix  Meat or Vegetables   
**Times to Feed** AM only  PM only  2x Daily  Free Feed/Grazer   
**If you have more than one dog, do they need to be fed separately?** No  Yes  **(\$5/day fee)**  
**Have any food allergies?** No  Yes  (Please List) \_\_\_\_\_

**Health Considerations in the care of your pet** \_\_\_\_\_  
**Bedding/Toys** Please list all items that are accompanying your pet. We are not responsible for lost, dirty, or damaged item. Bedding \_\_\_\_\_ Toys \_\_\_\_\_

**Bath** **\$20.00** No  Yes  *Please let us know your approx. pickup time, so your dog will be ready*  
**Would you like to add Day Care to Boarding?** No  Yes  **(\$10/Day 1 Dog)(\$15/Day 2 Dogs)**  
*This includes daily additional time outside socializing with other dogs throughout their stay with us.*

**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, or other information. I have noted business hours and am aware of the charges for the services my pet(s) will incur during this stay. **I am aware of the 3 Day Minimum stay during the holidays.** Cancellations within 24 hours will be charged up to 3 days of boarding. **Pets picked up on Saturday and Sunday between 4:00 and 6:00 p.m. will be charged for a day of boarding.**  
**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

Dog Daze 1241 Veterans Road, Columbia SC 29209 Ph. (803) 695-0091 **Fax (803) 695-0966**  
 Hours: Mon - Fri 7:00 a.m. - 6:00 p.m. / Sat & Sun: 8:00 - 10:00 a.m. and 4:00 - 6:00 p.m. Closed holidays

*If this is your 1<sup>st</sup> time with us, please complete back page. If someone else (a friend or family member) is picking up your dog, payment arrangements must be made during or prior to drop off.*  
*If someone else is dropping off your dog, the **OWNER** prior to drop off must fill out a completed registration form.*

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

## Dog Daze Boarding Contract

*This contract is between Dog Daze (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.
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 bordetella 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.**

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

Owner's Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
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 \_\_\_\_\_  
Birthdate \_\_\_\_\_ Male \_\_\_ Neutered (Y / N) Female \_\_\_ Spayed (Y / N)  
**Pet 2:** Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_  
Birthdate \_\_\_\_\_ Male \_\_\_ Neutered (Y / N) Female \_\_\_ Spayed (Y / N)  
Is your pet friendly? \_\_\_ YES \_\_\_ NO What is your pet afraid of? \_\_\_\_\_

**Does your pet climb fences or is an "Escape Artist" NO \_\_\_ YES \_\_\_**

**Dog Daze 1241 Veterans Road, Columbia SC 29209**

**Phone (803) 695-0091 Fax (803) 695-0966**

**Hours:**

**Mon - Fri 7:00 a.m. - 6:00 p.m. / Sat & Sun: 8:00 - 10:00 a.m. & 4:00 - 6:00 p.m.**

**Closed Holidays For Boarding Drop Off & Pick Up**