



**Bay Area Pet Pals**  
PO Box 352 • San Carlos, CA 94070  
(650)996-6652

[www.BayAreaPetPals.com](http://www.BayAreaPetPals.com) • [info@bayareapetpals.com](mailto:info@bayareapetpals.com)

### Dog Boarding Information and Agreement

Please use **BLACK INK** only.

Please answer all questions in an honest manner. We all want the best place for your dog's vacation. If your dog becomes destructive, aggressive, or acts in any manner that would put the other dogs, or my home in jeopardy, you will need to have an emergency contact who can be called to pick up your dog, or an alternate boarding facility that would take them **at your cost**. No refunds will be given in this case. If you do not provide an alternate, one will be chosen by Bay Area Pet Pals and you will be billed and responsible for these charges. This has never happened due to the pre-screening process, but be aware that things can happen that are unforeseen. **Initial:** \_\_\_\_\_

**To attend boarding or daycare at Bay Area Pet Pals, your dog should meet the following requirements:**

- Your dog must be social with other dogs and tolerate cats, and not be overly protective of toys or food. Nor shall your dog be aggressive or pathologically passive.
- At least 6 months old, fully house broken, and SPAYED OR NEUTERED.
- **Bring a copy** of records to show that your dog is up to date on the following vaccinations: DHLPP (or similar), Bordetella (kennel cough), and Rabies.
- All dogs should have a secure collar with ID on them.
- Dogs must be recently bathed and have trimmed nails.
- Dog shall be on some form of topical flea & tick control. Acceptable products are: Front Line, Advantage, Comfortis, and Revolution.

You are also responsible for making sure that any other person who picks up or drops off your dog is aware of **all policies**.

Once dogs pass our screening questions, in some cases they must spend one day of daycare or a night of boarding at Bay Area Pet Pals to see how things go before acceptance for a boarding booking.

This will cost **\$35 for the day of daycare** and/or **\$55 per day (or portion of a day for boarding)** unless otherwise agreed upon and noted here. **Initial** \_\_\_\_\_

#### **CLIENT INFORMATION:**

**Dog Owner's Name:** \_\_\_\_\_ **Name of Dog(s)\*:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Spouse name:** \_\_\_\_\_ **Spouse phone:** \_\_\_\_\_

**Your email address:** \_\_\_\_\_

**Spouse's email address:** \_\_\_\_\_

**Emergency Contact and Phone Number:** \_\_\_\_\_

**Secondary Emergency Contact and Phone Number:** \_\_\_\_\_

**\*\*Be VERY accurate on pick up and drop off times PLEASE.** I plan each day around being here at these times. I realize changes happen, but please give me as much notice as possible if there are any delays. Be aware that fees of up to **\$20 per half hour** can be charged by Bay Area Pet Pals for late drop offs or pick-ups.

**OR** your stay could be cancelled or postponed with no refund given. **Initial:** \_\_\_\_\_

\*Date **and** time you will drop off dog: \_\_\_\_\_

\*Date **and** time of dog pick up: \_\_\_\_\_

**Do you want a daily:**  Text  e-mail **Send to:** \_\_\_\_\_

*\*For more than one dog you may print and submit the additional Dog Information sheets as necessary. (See pages 3-4)*

**Prepayment of all costs for your scheduled boarding will be due after your dog has passed our screening. No spots are held without payment. Written cancellations must be made at least 14 days prior for a refund.**



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### **Dog Boarding Client Agreement:**

The parties to this **Dog Boarding Agreement** (hereinafter referred to as the "Contract") and Bay Area Pet Pals (hereinafter referred to as "the Boarder") and \_\_\_\_\_ (hereinafter referred to as "the Owner").

A **Veterinarian Release form** must be completed and signed prior to service for each dog so that we may provide the best care possible. Whereas the Owner wishes to engage the Boarder and the Boarder agrees to undertake the services under the terms and provisions defined in this Contract, as well as the forms mentioned, all of which shall become part of this Contract. Any reference to dogs or dogs in this Contract shall refer to those specified on the Dog Information sheet(s).

**1.) Relationship and Responsibilities:** It is expressly understood that the Owner retains the services of the Boarder as an Independent Contractor and not as an employee. The Boarder shall be responsible for his/her insurance and all statutory declarations and payments with regard to income tax where applicable. The Boarder undertakes to perform the agreed-upon services in an attentive, reliable and caring manner, and the Owner undertakes to provide all necessary information to assist in this performance. The Boarder undertakes to notify the Owner of any occurrence pertaining to the dog which may be relevant to the care and well-being of the dog. The Owner will provide suitable harnesses, collars and non-retractable leashes as approved by the Boarder. If your dog causes any damage to Bay Area Pet Pals facility or harms any of the pets or people in our facility, The Owner will be held liable for these damages. **Initial:** \_\_\_\_\_

**2.) Compensation:** For boarding-The Boarder shall be paid the amount of \$55 per day, or partial day unless otherwise noted here \_\_\_\_\_. The total cost for your stay will be \$ \_\_\_\_\_. Owner will pay **in advance of care**. Until payment is received, **there will be no spot held for your pet**. A \$30 fee will be charged for all returned checks plus any bank fees incurred. **Initial:** \_\_\_\_\_

**3.) Duration:** This Contract shall become effective on \_\_\_\_\_. Either party may terminate this Contract with a minimum of **2 weeks written notice** prior to the scheduled Boarding Service without incurring penalties or damages. For Daycare services only, cancellation can occur with a minimum of 72 hours (3 days) notice. Cancellation by the Owner of scheduled boarding with less than 2 weeks' notice, or less than 3 days for Day care, may **be charged at the full rate** or rescheduled at the discretion of the Boarder. If the Boarder cannot perform the service at the scheduled date or time, then the Boarder may assign a substitute facility for your pet. Should any dog become aggressive or dangerous, the Boarder may terminate this Contract with immediate effect. Any wrongful or misleading information in the Owner's Information or Dog Information sheets may constitute a breach of terms of this Contract and be grounds for Initial termination thereof. Termination under the circumstances described above shall not entitle the Owner to any refunds or relief of any outstanding payments due. This contract will stay on file and will be in effect for all future boarding visits with only change to the stay dates and duration.

**4.) Liability:** The Boarder will carry liability insurance relative to the services performed for the Owner. A copy of the insurance policy has been made available to the Owner and the Owner acknowledges that he/she is familiar with its content. It can be viewed online at: [www.bayareapetpals.com](http://www.bayareapetpals.com). The Owner shall be liable for all medical expenses and damages resulting from an injury to the Boarder caused by the dog, as well as damage to the Owner's or other persons' dogs or property. The Boarder is released from all liability/injury to your pet(s) related to "normal dog interaction" (dogs playing, chasing each other, wrestling, etc.) at the boarders facility, transporting dog(s) to and from any veterinary clinic or kennel, the medical treatment of the dog(s) and the expense thereof. Dogs can get injured during this type of play with multiple dogs and by leaving your dog(s) in this type of environment you agree to accept this risk and not hold the Boarder responsible in any way. **Initial:** \_\_\_\_\_

**5.) Indemnification:** The parties agree to indemnify and hold harmless each other as well as respective employees, successors and assigns from any and all claims arising from either party's willful or negligent conduct.

**6.) Emergencies:** In the event of an emergency, the Boarder shall contact the Owner at the numbers provided to confirm the Owner's choice of action. If the Owner cannot be reached, the Boarder is authorized to either: (1) transport the dog(s) to the listed veterinarian, (2) request on-site treatment from a veterinarian, or (3) transport the dog(s) to an emergency clinic if the previous two options are not feasible.

**7.) Future services:** Owner authorizes this signed Contract to be valid for all future services without additional signed contracts or written authorizations.

By signing below the Owner fully understands and agrees to the contents of this Agreement:

**YOU MUST SIGN AND DATE THIS AGREEMENT TO BEGIN PET CARE and include the Vet Authorization form.**

**Dog Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Bay Area Pet Pals Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**DOG BOARDING INFORMATION SHEET (Page 1):**

Please fill out **one form for each dog** so that we may provide the best care possible.

**Things to bring for your dog-**

- **Pre packaged food in sealed Ziploc bags that is measured out for each feeding.** We cannot "free feed" your pet. It's also a good idea to include enough food for a few extra feedings in case your arrival home gets delayed. You may also include a bed or blanket they like, and any toys/treats they enjoy. Bring their leash and any other items you think will make them feel at home. *Please provide a **standard** leash for your dog, not a retractable one.* If you prefer your dog is crated, please bring their crate.
- Be sure your dog has a collar with clearly marked ID tags.
- Bring any vitamins or medications your dog needs. For medicines that need to be administered during our care, include a completed **Dog Medication Authorization** form.
- Please bring enough supplies for your dog to last your entire absence. There is a \$35 fee to "go shopping" for you, plus the purchase price of any items we need to buy. **Initial:** \_\_\_\_\_

**Dog's name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  **Spayed (female)**  **Neutered (male)**

**Breed:** \_\_\_\_\_ **Markings:** \_\_\_\_\_

**Vaccines are up to date?**  **Yes**  **No (bring proof)**  **DHLPP (or similar)**  **Bordetella (kennel cough)**  **Rabies**

**Micro-chipped?**  **Yes**  **No** **Chip#:** \_\_\_\_\_ **Registry Co:** \_\_\_\_\_

**Phone number of registry Company:** \_\_\_\_\_

**Is your dog licensed with the city?**  **Yes**  **No** **License#:** \_\_\_\_\_

**Does your dog need any Medications?**  **Yes**  **No** (If 'Yes', a Medication Authorization Form must be completed and on file)

**What form of flea & tick control do you use?** \_\_\_\_\_ **When was it last applied?** \_\_\_\_\_

**Does your dog enjoy car rides?**  **Yes**  **No**

**Do we have approval to transport your dog in our vehicle?**  **Yes**  **No**

**When you walk your dog, if he sees another dog, does he will:**

- Ignore the other dog
- Show some interest but keep walking
- Wag his tail in a playful manner and wants to play
- Growl and become aggressive
- Pull hard on the leash in an attempt to get to the other dog

**When you walk your dog, if he sees a cat or other small animal does he:**

- Ignore the animal
- Show some interest but keep walking
- Wag his tail in a playful manner and wants to play
- Growl and become aggressive
- Pull hard on the leash in an attempt to get it

**What commands does your dog know?**

- sit
- come
- stay
- lay down
- off
- \_\_\_\_\_

Other: \_\_\_\_\_

Does your dog come when called?  **Yes**  **No**

What is your dog's "come" command? \_\_\_\_\_

**Is there anything in particular we should be aware of when caring for your dog** (health issues, dislikes strangers/kids/loud noises)?

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



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**DOG BOARDING INFORMATION SHEET (Page 2):**

**Morning Routine for dog:** \_\_\_\_\_

Time of Feeding: \_\_\_\_\_ Amount to Give: \_\_\_\_\_

**Any mid day feeding/care?** \_\_\_\_\_

**Dinner time routine for dog:** \_\_\_\_\_

Time of Feeding: \_\_\_\_\_ Amount to Give: \_\_\_\_\_

**Sleep routine for dog: Please indicate where dog normally sleeps at night (check all that apply).**

Confined (pen/crate/cage): \_\_\_\_\_ Other than crate location: \_\_\_\_\_

Dog sleeps in bedroom / bed with family  Dog sleeps outside

**Any diet restrictions?**  Yes  No If so, explain \_\_\_\_\_

**Allergies?**  Yes  No If so, explain \_\_\_\_\_

**Any special indoor/outdoor instructions:** \_\_\_\_\_

**Any behaviors or problems to be aware of (chewing, digging, excessive barking):**

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

**Potty Times (typically):** \_\_\_\_\_

**How does your dog react to the following?**

Other dogs: \_\_\_\_\_

Cats: \_\_\_\_\_

Children: \_\_\_\_\_

Smaller Dogs: \_\_\_\_\_

Bigger Dogs: \_\_\_\_\_

Household items such as vacuums or loud noises? \_\_\_\_\_

Human visitors/strangers: \_\_\_\_\_

**Has your Dog ever shown food aggression? If so, explain:** \_\_\_\_\_

**How does your Dog react if you take food or a toy away?** \_\_\_\_\_

**Additional Notes:** (another sheet may be attached for further details)

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



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### Veterinarian Release Form

(Please fill out the below using ONLY Black Ink)

VETERINARIAN

Hospital and Vet's Name: \_\_\_\_\_

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

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

**To the Veterinarian Hospital:**

Bay Area Pet Pals has been contracted to pet sit for my pet(s) and has my permission to place them in your care in case of an emergency. Bay Area Pet Pals will attempt to contact me as soon as medical care is deemed necessary. However, in the event I cannot be reached immediately, I authorize you to treat my pet(s) and I will be responsible for payment of any fees as stated below. Please file a copy of this form with my records.

Pet Owner Name (Please Print): \_\_\_\_\_

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

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

Print Name(s) & Type of Pet(s): \_\_\_\_\_

1. If above named veterinarian is not available, I agree that another vet in his/her practice may care for my pets. If neither of these veterinarians are available, I give permission for Bay Area Pet Pals to take my pet(s) to the nearest animal hospital or emergency clinic.
2. I give permission for Bay Area Pet Pals to approve treatment up to \$\_\_\_\_\_. ( \_\_\_\_ initial)  
IMPORTANT: An amount must be specified above or we may not be able to obtain the proper care for your pet.
3. I understand that Bay Area Pet Pals assumes no responsibility for the loss of any pet and is released from all liability related to transportation, treatment and expense.
4. Other conditions, if any: \_\_\_\_\_
5. My pet(s) has/have the following health issues: \_\_\_\_\_

This consent for treatment has no expiration date unless otherwise noted.

\_\_\_\_\_  
Pet Owner Signature

\_\_\_\_\_  
Date