



Jagger's

Doggie Daycare

Overnight Dog Boarding

Dog Grooming & Training

Call (618) 316-7021

Boarding Registration Form

Your Name _____

Address _____ City _____ Zip _____

Home or Cell Phone _____ Work Phone _____

Email address: _____

Additional Owner/Authorized Pick-Up _____ Phone _____

Emergency Contact (outside of household) _____ Phone _____

Veterinarian/Practice Name _____

City/Location _____ Phone _____

Is Your Dog current on all shots/vaccinations, including Rabies, DHLPP, and Bordatella? _____ Yes _____ No

Have you provided proof of current vaccinations to us from your veterinarian? _____ Yes _____ No

Dog Information:

Your #1 Dog Name _____ Breed (or best guess) _____

Age (or best guess) _____ Sex: _____ Approximate weight: _____ lbs. Color: _____

Comments or other description of #1 dog _____

This dog is: _____ Spayed _____ Neutered _____ No, my dog is still intact

Your #2 Dog Name _____ Breed (or best guess) _____

Age (or best guess) _____ Sex: _____ Approximate weight: _____ lbs. Color: _____

Comments or other description of #2 dog _____

This dog is: _____ Spayed _____ Neutered _____ No, my dog is still intact

(If You have Any additional dogs – use back of sheet) _____ (check here if additional dogs apply)

Will you be providing your own dog food? _____ Yes _____ No, please feed my dog(s) house food at \$3/day

What is the Brand of the food you are providing? _____ Dry _____ Wet _____

Customer Boarding Information

******* IF USING DRY FOOD, WILL YOU PROVIDE PRE-MEASURED FOOD in ZIP-LOCK BAGS? ____ Yes**

What amount of food do you feed your dog? _____ Breakfast _____ Lunch _____ Dinner

Are you sending dog treats with your dog? ____ Yes ____ No How many treats per day? _____

Want to purchase any treats for your dog from our "Sweet Treats Barkery?" _____ (\$2.00 to \$2.75 ea.)

HEALTH BACKGROUND:

Does your dog have any medical issues such as allergies, skin issues, bone issues, etc? ____ Yes ____ No

If so, please provide details: _____

_____ **If Female, please confirm that your dog is NOT IN HEAT *******

Does your dog take any medications? ____ Yes ____ No If yes, please list medication _____

Dosage Amount _____ Time of Dosage(s): _____ Breakfast _____ Lunch _____ Dinner

(Optional) BATH or GROOMING REQUESTS:

If you would like your dog to have an EXIT Bath or any grooming/spa services while you are away, please provide details on how you would like your dog groomed: _____

Would you like any of these Options?

_____ Nail Trim \$7.00 to \$10.00 (depending on size of dog)

_____ Full Bath (Price varies based on breed and size) Estimate: \$ _____

_____ Full Brush Out after bath (varies by breed) Estimate: \$ _____

_____ Anal Glands expressed for \$10.00 *plus* cost of bath and dry (Not available without full bath)

(Optional) OBEDIENCE DOG TRAINING REQUESTS (\$50.00 per session):

Would you like to have (optional) training of your dog while you are away? If so, what are some of the issues that you seek to correct or improve upon with your dog? _____

How many training sessions are you requesting our trainer to have with your dog? _____

Drop-Off & Pick-Up Available Monday through Friday 7:30am to 5:00pm

Saturday Pick-Up & Drop-Off is ONLY Available from 9:00am to 11:00am (2-hour window)

Sunday Pick-Up & Drop Off is ONLY Available from 11:00am to 1:00pm (2-hour window)

(Any requested pick-up after 1:00pm Sunday subject to additional \$25 Late Fee and must be arranged)

(Drop-offs & Pick-Ups are NOT available on Holiday, unless previously arranged for an additional fee)

Drop-Off Date _____ Time: _____

Pick-Up Date _____ Time: _____ (Any dog picked up after 12:00 Noon Monday-Friday will be checked into daycare at cost of \$14.00) This policy is necessary to ensure available space.

Summary of Boarding Costs/Arrangements

Number of Dogs Boarded _____ Dates of Boarding Reservation _____

Suite Reserved: _____Deluxe _____Queen _____King _____Super K _____Presi

Price per dog, per night \$_____/\$/_____/\$/_____ = Total per night \$_____

Number of Overnights_____

Sub Total of Boarding Cost \$_____

(Optional) Grooming Cost \$_____ (estimate)

(Optional) Obedience Dog Training \$_____

TOTAL COST: \$_____

--less 50% Deposit \$_____

Balance Due at Pick-Up Time \$_____

PLEASE READ and put your Initials next to each statement below:

____ I certify that I have read, understand agree to the terms outlined in the Jagger's Doggie Daycare LLC Boarding Policy Agreement, including the Bite Policy.

____ I certify that I am the legal owner/caregiver of the dog(s). _____ **My dogs can share a Suite.**

____ I understand the flea/tick policy and the need to keep the facility free of pests for the dogs. If my dog is found with fleas or ticks upon arrival, I understand that I will pay for a flea/tick bath.

____ I have provided current vaccination/shot record for my dogs and my veterinarian contact.

____ I understand that my dog must pass a temperament test in order to be admitted to boarding.

____ **My dog is: _____Spayed _____Neutered _____still intact, so it cannot play with others.**

____ I understand that if my dog requires medical attention by a local veterinarian, that Jagger's will arrange for the care, but that the cost of the veterinarian services are my financial responsibility.

____ I also understand and agree to the Pick-Up/Drop-Off Policy outlined herein as well as the rate structure for the boarding arrangements. I will pay the balance due at time of pick-up.

Pet Owner Signature: _____ Date: _____

Pet Owner Printed Name: _____ Phone _____

Reminder: *If your travel plans are delayed or extended beyond your check-out date, please contact us*

***** Please SCAN and email these completed forms to us at: jaggersdoggiedaycare@gmail.com**

***You can also FAX the completed forms to us at (618) 316-7026 or bring them to us in person.**



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