

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 househol	ld)	Phone	
Veterinarian/Practice Name			
City/Location	Phone		
Is Your Dog current on all shots/vaccinations Have you provided proof of current vaccinat	_		
Your #1 Dog Name	Breed (or best gue	ss)	
Age (or best guess) Sex:			
Comments or other description of #1 do			
This dog is:SpayedN			
Your #2 Dog Name	Breed (or best gues	ss)	
Age (or best guess) Sex:	Approximate weight:	lbs. Color:	
Comments or other description of #2 do	g		
This dog is:SpayedN	euteredNo, my dog is	s still intact	
(If You have Any additional dogs – use b	ack of sheet) (ch	eck here if additional dogs apply	
Will you be providing your own dog food?	YesNo, please feed i	my dog(s) house food at \$3/day	
What is the Brand of the food you are provide			



Bite/Health Policy for Daycare, Boarding, Training, and Grooming

This written policy applies to **all** dogs participating in our grooming services, cage-free doggie daycare program, training classes, overnight boarding services, or self-serve dog wash. This policy is designed to create a safe and harmonious environment for all participating dogs as well as to ensure the safety of all attendants at Jagger's Doggie Daycare LLC.

Procedure:

If a dog inappropriately bites another dog, an attendant, or any employee at Jagger's Doggie Daycare LLC, in a dominant or aggressive manner and inflicts any type of injury, the attendant along with management maintains the right to cancel the dog from the grooming appointment, daycare program, overnight boarding or any related service as deemed necessary. In such case, every effort will be made to separate the aggressive dog into our time-out corner to assess the severity of the situation. The owner will be notified.

Please be aware of the inherent risks of dogs interacting in a social play group setting. These risks include but are **not** limited to:

- Infectious disease
- Minor trauma such as strains, sprains, and bruises
- Cuts and abrasions
- Bite wounds

Should your pet require our staff to address any medical issues with a veterinarian, an additional fee may be assessed to cover the cost. The cost of actual veterinarian care (if required) is the dog owner's responsibility.

WAIVER, ASSUMPTION OF RISK AND AGREEMENT TO INDEMNIFY AND HOLD HARMELSS

I understand that attendance in daycare, boarding, and related services is not without risk to my dog. I hereby waive and release Jagger's Doggie Daycare LLC, any employee, trainer, or independent contractor, from any liability of any nature, for any injury or damage which my dog may suffer, including specifically, but not limited to, any injury or damage resulting from the action of any dog or use of, or presence upon premises of equipment; and I expressly assume the risk of any such damage or injury while my dog is on the grounds or the surrounding area of the daycare facility thereto, or trained off-site as necessary.

In consideration of and as inducement to the acceptance of my participation in this program, I hereby agree to indemnify and hold harmless Jagger's Doggie Daycare LLC, their employees, agents, owners, and independent contractor, from any and all injury or damage claims. I also certify that all the information I provided on the **Registration Form** is accurate.

OWNER SIGNATURE	DATE:	
Owner Printed Name:		

Please <u>SCAN and email</u> these completed forms to us at: <u>jaggersdoggiedaycare@gmail.com</u>
You can also <u>FAX</u> the completed forms to us at <u>(618) 316-7026</u> or bring them to us in person.

Customer Boarding Information

***** IF USING DRY FOOD,	WILL YOU PROV	IDE PRE-MEASURE	D FOOD in ZIP-LOCK	BAGS?Yes
What amount of food do you	feed your dog?	Breakfas	stLunch	Dinner
Are you sending dog treats wi	th your dog?	YesNo	How many treats per	day?
Want to purchase any treats f	or your dog from	our "Sweet Treats Ba	rkery?"(\$	2.00 to \$2.75 ea.)
HEALTH BACKGROUND:				
Does your dog have any medi If so, please provide details:		=		
		If Female, please co	onfirm that your dog is	S NOT IN HEAT ****
Does your dog take any medic	cations?Y	esNo If yes,	please list medication	
Dosage Amount	Time of Dosage(s):Breakfa	astLunch	Dinner
(Optional) BATH or GROOM	ING REQUESTS:			
If you would like your dog to provide details on how you w				
Would you like any of the	ese Options?			
Nail Trim \$7.00 to \$10	•	size of dog)		
Full Bath (Price varies	based on breed an	nd size) Estimate: \$		
Full Brush Out after ba	th (varies by bree	d) Estimate: \$		
Anal Glands expressed	for \$10.00 <i>plus</i> co	ost of bath and dry (N	lot available without f	ull bath)
(Optional) OBEDIENCE DOG	TRAINING REQ	UESTS (\$50.00 per s	ession):	
Would you like to have (optio	nal) training of yo	ur dog while you are	away? If so, what are	some of the issues
that you seek to correct or im				
How many training sessions a	re you requesting	our trainer to have w	ith your dog?	
Drop-Off & Pick-Up Avail	able <u>Monday t</u>	hrough Friday 7:30	0am to 6:00pm	
Saturday Pick-Up & Drop	-Off is betweer	n 8:30am to 1:30p	m	
Sunday Pick-Up & Drop (Off is <u>ONLY</u> Avai	ilable from 12:00	Noon to 2:00pm	
(Any requested pick-up afte	er 2:00pm Sunda	y subject to additio	nal \$25 Late Fee and	d must be arranged)
(Drop-offs & Pick-Ups are N	<u>IOT</u> available on	Holiday, unless pre	viously arranged for	an additional fee)
Drop-Off Date	Time:			
Pick-Up Date			up after 12:00 Noon	Monday-Saturday
will be checked into daycar			- 	

Summary of Boarding Costs/Arrangements

Number of Dogs Boarded	_ Dates of Boardir	ng Reservatio	n	
Suite Reserved:Deluxe	Queen	King	Super K	Presi
Price per dog, per night \$	/\$/\$	= Tota	l per night \$	
Number of Overnights				
Sub Total of Boarding Cost \$				
(Optional) Grooming Cost \$	(estimate)			
(Optional) Obedience Dog Training	\$			
TOTAL COST: \$				
less 30% Deposit \$				
Balance Due at Pick-Up Time \$				
PLEASE READ and put your Initials nex	t to each statement	below:		
LLC Boarding Policy Agreement, included I certify that I am the legal owne I understand the flea/tick policy my dog is found with fleas or ticks upon I have provided current vaccinating I understand that my dog must polymore My dog is: Spayed I understand that if my dog requiarrange for the care, but that the cost I also understand and agree to the structure for the boarding arrangement.	ling the Bite Policy. r/caregiver of the do and the need to kee on arrival, I understa ion/shot record for n ass a temperament Neutered ires medical attentio of the veterinarian s ne Pick-Up/Drop-Off	og(s)N p the facility for the fa	y dogs can share a ree of pests for the ray for a flea/tick b ray veterinarian con be admitted to be so it cannot play we reterinarian, that Jag y financial responsi	Suite. dogs. If ath. tact. oarding. with others. gger's will ibility.
Pet Owner Signature:			Date:	
Pet Owner Printed Name:		Pho	one	
Reminder: If your travel plans are del	ayed or extended be	yond your che	ck-out date, please	contact us

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