



**BOARDING AGREEMENT**

Owner name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Alternate phone# \_\_\_\_\_  
Emergency contact \_\_\_\_\_ Phone# \_\_\_\_\_

**Pet Information**

Name \_\_\_\_\_ Breed \_\_\_\_\_ Age/DOB \_\_\_\_\_  
Sex M/F spayed/neutered microchip# \_\_\_\_\_  
Medication \_\_\_\_\_ Allergies \_\_\_\_\_  
Behavioral issues \_\_\_\_\_ Has pet bitten yes/no \_\_\_\_\_  
Special needs \_\_\_\_\_

**Vaccination History \*\*pets must be current on all vaccs and provide proof\*\***

DHLP \_\_\_\_\_ Rabies \_\_\_\_\_ 1/3 year  
Bordetella \_\_\_\_\_ Other \_\_\_\_\_  
Heartworm \_\_\_\_\_ Flea/tick \_\_\_\_\_

Veterinarian/Clinic \_\_\_\_\_ Phone# \_\_\_\_\_

**Boarding Terms and Agreement: (please initial below)**

\_\_\_\_ Owner specifically represents that he/she is the owner of the pet, or has been authorized by owner of pet to enter into this contract as the Owners agent.

\_\_\_\_ Owner agrees to pay boarding rate for all services and treatments effective on the date the pet checks into the facility.

\_\_\_\_ Owner understands that The Perfect Pup is not a 24-hour facility. Pets requiring overnight care, medical monitoring should not board in our facility. Owner asserts that all known medical and behavioral history of pet has been disclosed to The Perfect Pup staff before boarding.

\_\_\_\_ Owner understands that extra charges may be added to the bill at discretion of management for special handling or treatment that is above and beyond routine care. Special handling is defined as service beyond standard boarding care due to behavior problems, health, or unexpected care not anticipated at time of check in.

\_\_\_\_ Owner understands that pets cannot go into outdoor dog runs. Must be walked on leash only.

\_\_\_\_ Owner authorizes The Perfect Pup to transport pet to veterinary office in case of emergency or in non emergency cases where The Perfect Pup has contacted Owner and veterinarian, and has has been advised of the need for care and transport. Owner understands a \$25 trip charge will be applied.

\_\_\_\_ All Pets entering The Perfect Pup must be flea/tick free.

\_\_\_\_ The Perfect Pup shall exercise due and reasonable care for each pet while boarding. Under this care, Owner releases The Perfect Pup and all staff from, and waives all claims and liability against The Perfect Pup for or attributable to, injury or illness of pet. Owner agrees that Owner shall be solely responsible for any and all acts and behavior of said pet while it is in the care of The Perfect Pup. This includes damage to kennel structure and/or The Perfect Pup property.

\_\_\_ If a life threatening illness/injury occurs, The Perfect Pup in its sole discretion may engage the services of the medical staff of a veterinarian of our choice for evaluation and treatment regardless of your emergency treatment authorization in order to keep your pet stable. Expenses shall be paid by owner.

\_\_\_ Owner represents that pet is healthy and has not been exposed to any communicable disease within a thirty day period prior to boarding. Owner agrees to disclose to The Perfect Pup all known medical conditions and behavioral problems.

\_\_\_ The Perfect Pup specifically requires all pets be vaccinated against communicable diseases prior to boarding. The Perfect Pup reserves the right to refuse admittance to any pet that shows signs of illness or that does not meet The Perfect Pup vaccine requirements. Despite precautions, Owner acknowledges that pet will be in an environment with other pets and understands that any pet may harbor and spread communicable disease. Owner releases The Perfect Pup from, and waives all claims and liability against for all losses, damages, costs, and expenses arising out of or in connection with any communicable disease contracted by Owner's pet during boarding.

\_\_\_ Owner releases The Perfect Pup from , and waives all claims and liability against The Perfect Pup for damage to, or loss of, personal equipment or belongings provided for pet while boarding.

\_\_\_ In the event that medical attention is needed, The Perfect Pup will make every effort to contact you or your designated emergency contact in addition to contacting your veterinarian. In the event you are not reachable, The Perfect Pup will act on advisement of your vet to do whatever treatment is reasonable to keep your pet stable until we are able to reach you. Owner will be responsible for all expenses incurred.

I, the undersigned have read and understand all the terms and agreements while boarding at The Perfect Pup facility.

Signed \_\_\_\_\_ date \_\_\_\_\_



2400 E Main St  
Saint Charles, IL 60174  
630.444.1404



**VETERINARY CARE RELEASE FORM**

If The Perfect Pup deems your pet is need of immediate veterinary care, or your pet appears to have a potential illness and we are unable to contact you, or you are unable to pick up your pet, we will have your pet treated by a licensed veterinarian. We will make every attempt to have your pet taken to your veterinarian. If your veterinarian is unavailable, or we deem that your pet needs immediate care, The Perfect Pup will transport your pet to a veterinarian of our choice.

I \_\_\_\_\_, as the Guardian of \_\_\_\_\_ (your pet) give permission for The Perfect Pup to act as my agent in the event my pet needs medical attention and I authorize The Perfect Pup to have my pet treated by my veterinarian or a veterinarian of The Perfect Pup's choice. I further agree that I will be responsible for any and all costs of all veterinarian care deemed necessary by licensed veterinarian, and I will pay for or reimburse The Perfect Pup for all costs and treatment.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_ alternate phone \_\_\_\_\_

Regular veterinarian \_\_\_\_\_ phone # \_\_\_\_\_

Please choose One of following:

\_\_\_\_\_ Provide treatment for my pet not to exceed \$ \_\_\_\_\_

\_\_\_\_\_ Please provide whatever treatment is necessary to care for my pet