

Daycare Boarding Release

Parent's Information:

Owner's Name:	Phone number:
Emergency contact:	Emergency Phone Number:
Who do you authorize, other than yourself, to pick up your dog:	

Pet's Information: BPAH does not allow animals to interact unless they are spayed/neutered, current on all vaccines, and up-to-date on fecal.

Pet's Name (1):	Pet's Name (2):
Has your dog ever attended daycare or boarding?	If yes, how was the experience?
Does your dog get along well with other dogs?	
Does your dog share well?	
Does your dog growl?	Is it a play growl or warning growl?
Is your dog mouthy? i.e. does he/she nibble on you?	
Would you like your dog fed during daycare?	
If so, please provide food in a sealed container with name and feeding instructions on it.	
Is your dog on any medications?	
Does your dog have any past injuries, medical problems or any current conditions?	
Is your dog frightened around anything?	
What happens when you or somebody else tries to take food or toys from your dog?	
What kind of toys does your dog like?	
Does your dog have any obedience training?	
What commands does your dog know?	
How does your dog react to puppies?	
Rate your dog's energy level "1" being very mellow and "10" being a total uncontrollable spaz.	
How well does your dog get along with other animals "1" being aggressive "5" really doesn't care and "10" being excellent?	
Has your dog ever bit anyone? What were the circumstances?	
Has your dog ever jumped or climbed over a fence? How high was it? What type of fence?	

Please read and initial all of the following:

Owner certifies that to the best of his/her knowledge, the dog is in good health and all vaccinations are current, and that he/she hasn't been recently exposed to any contagious animal illnesses prior to staying for daycare. In admitting the dog to daycare at BPAH owner understands and agrees that BPAH, its officers; owners, employees and agents have relied upon owner's representations that the dog is in good health, currently vaccinated and are aware regarding the dog's behavior history. The owner attest that there pet is friendly and has never showed aggression towards dogs or people.

INITIAL:

BPAH will exercise reasonable care of the pet during its stay. The owner does acknowledge and he/she understands that their dog will co-mingle with other dogs and the risk associated with it. Although we provide reasonable supervision, dogs may escape, injuries can occur, and transmittable diseases may happen. In consideration of these services, owner expressly waives and relinquishes any claims against BPAH, its officers, owners, employees and agents, relating to services provided pursuant to the owner's dog, and further agrees to indemnify BPAH against all such claims.

INITIAL:

Owner agrees to pick up his/her dog by closing time and understands that he/she will be charged an additional overnight boarding fee of \$35 or more for any dog not picked up by closing time. The pet(s) will be available for pick-up the following day. If the pet(s) are not picked up within 3 days, or if BPAH does not receive contact from owner during that period, the pet(s) shall be considered abandoned and BPAH will place the pet(s) at owner's expense, as BPAH deems appropriate. Owner further agrees to release, hold harmless and indemnify BPAH for any claims relating to the transportation and kenneling of the dog(s) should owner fail to pick up the dog for any reason prior to closing.

INITIAL:

BPAH allows cage-free daycare to the maximum extent possible, however if for any reason due to environmental or weather changes, and/or due to behavioral issues BPAH reserves the right to isolate any pet(s) to ensure the safety of all. In addition there will be no refund due to owner for unforeseen occurrences.

INITIAL:

If for any reason your pet(s) may require any medical attention while in our care BPAH will try every attempt to reach the owner. However, if unable to contact the owner, he/she gives full consent to BPAH to treat as determined medically necessary by the veterinarian and supporting staff. Owner agrees that it will pay any fees that may be associated with the treatments provided.

INITIAL:

Signature:

Date: