

DOBE RUN CANINE BOARDING & DAYCARE

OFFICE 804 758-4360 FAX 804 758-2713

INFORMATION FORM

NAME: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

DRIVERS LICENSE NUMBER: _____

PRIMARY _____ SECONDARY _____

PHONE: _____ PHONE: _____ OTHER: _____

EMAIL ADDRESS _____

MAY WE CONTACT YOU VIA EMAIL? YES: _____ NO: _____

EMERGENCY CONTACT (Someone who will be local)

NAME _____ PHONE _____

PET INFORMATION- please complete one per pet

NAME: _____ M _____ F _____ DATE OF BIRTH _____

NEUT. OR SPAYED: YES _____ NO _____ WEIGHT: _____

COLOR OR MARKINGS: _____ BREED: _____

VETERINARIAN: _____ PHONE: _____

REQUIRED VACINATIONS- EXPIRATION DATES

CANINE RABIES _____ CANINE BORDETELLA _____

MEDICATIONS

FLEA/TICK MEDICATION: _____

PLEASE LIST ANY MEDICAL CONDITONS YOUR PET HAS AND ANY
MEDICATIONS THEY MAY NEED

NAME: _____

DOSAGE: _____

FEEDING

1 X DAY _____ AM / PM 2X DAY _____ AMOUNT _____

BRAND/ FLAVOR OF FOOD _____

ANY FOOD ALLERGIES _____

SIGNATURE _____ DATE _____

WAIVER AND RELEASE FROM LIABILITY

I, _____ Hereby Waive and Release, indemnify, hold harmless and forever discharge DOBE RUN CANINE BOARDING & DAYCARE, a licensed "S" Corporation in the Commonwealth of Virginia, and its directors, officers, employees, agents, affiliates, successors and assigns, of and from any and all claims, demands, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown in law and equity, that may arise from the care, activities, and maintenance on or in the DOBE RUN CANINE BOARDING & DAYCARE and adjacent premises, providing that this Waiver does not apply to any acts of gross negligence, intentional, willful or wanton misconduct.

By this Waiver I understand that I have waived all claims for damages, illness, injuries or death of my pet(s) while in residence at DOBE RUN premises, that I may have against the aforementioned released Corporation and parties.

The provisions of this Waiver and Release of Liability remain in force and effect even after the termination of my pet(s) resident stay, and fully understand the signing of this Waiver I give up considerable future legal rights. I have signed this agreement voluntarily, free of duress or threat thereof, without inducement, and that my signature is proof of my intention to release the aforementioned Corporation and parties from all liability. I am 18 years or older and I am competent to enter into this agreement and to sign this Waiver.

Date _____

Printed Name _____

Signature _____

PERSONAL WAIVER AND RELEASE FROM LIABILITY

I, _____ Hereby Waive and Release from Liability, indemnify, hold harmless and forever discharge the owners of 11935 Tidewater Trail Saluda, Va. 23149, DOBE RUN CANINE BOARDING & DAYCARE, a licensed "S" Corporation in the Commonwealth of Virginia, and its Directors, officers, employees and agents, of and from any and all claims, demands, expenses, causes of actions, lawsuits, damages and liabilities of every kind and nature in law or equity, while on or in the aforementioned properties.

This Waiver and Release from Liability covers and includes all persons, including children under 18 years of age, accompanying me while on or in the aforementioned properties.

I have signed this agreement voluntarily and free of duress or threat of duress, without inducement, and my signature is proof of my intention to release the owners and Corporation listed above from all liability. I am 18 years or older and competent to enter into and to sign this Waiver.

Date _____

Printed Name _____

Signature _____

OWNERS AUTHORIZATION

I, _____, (OWNER) AFFIRM THAT I AM THE OWNER, OR AUTHORIZED REPRESENTATIVE OF THE OWNER, OF THE FOLLOWING PET(S): _____

I HEREBY GRANT PERMISSION TO DOBE RUN TO ACT ON MY BEHALF AND IN MY PET'S BEST INTEREST TO OBTAIN VETERINARY CARE, EMERGENCY CARE AND TRANSPORTATION COSTS AT MY EXPENSE, IF DEEMED NECESSARY, AS A RESULT OF ILLNESS, INJURY OR DEATH. I FURTHER AGREE TO PAY ALL COSTS ASSOCIATED WITH THE CARE OF MY PET(S) WHILE IN THE CARE OF DOBE RUN, NOT LIMITED TO TRANSPORTATION, CARE, AND MAINTENANCE, VETERINARY AND ANY OTHER EXPENSE INCURRED FOR THE BENEFIT OF MY PET(S). I UNDERSTAND THAT DOBE RUN WILL EXERCISE THE BEST PRACTICES WHILE CARING FOR MY PET(S) IN ORDER TO MAKE THEIR STAY SAFE, COMFORTABLE AND PLEASANT. IN THE EVENT MY PET(S) SHOULD INJURE ANY OTHER BOARDER OR STAFF OF DOBE RUN DURING MY PET(S) STAY WITH DOBE RUN, I UNDERSTAND THE OWNERS OF THE PET ARE RESPONSIBLE FOR ANY AND ALL MEDICAL EXPENSES INCURRED BY THE INJURED PARTY.

*DOBE RUN AGREES TO EXERCISE ALL DUE AND REASONABLE CARE TO PREVENT INJURY, ILLNESS OR DEATH TO ITS RESIDENTS.

*DOBE RUN AND ITS OWNERS SHALL NOT BE HELD LIABLE FOR INJURY, ILLNESS OR NATURAL CAUSES OF DEATH TO RESIDENTS/GUESTS.

I _____, GIVE DOBE RUN EXPLICIT PERMISSION TO TRANSFER MY PET(S) TO LOCAL VETERINARY CARE IN THE EVENT OF EMERGENCY OR MEDICAL NECESSITY, A \$50 TRANSPORTATION FEE AT OWNERS EXPENSE APPLIES. ALL EXPENSES RELATED TO THE PET(S) OFF-SITE CARE ACCRUES TO THE PET(S) OWNER. _____ PLEASE INITIAL TO SIGNIFY ACCEPTANCE.

PET OWNER FURTHER AGREES THAT THE PET(S) SHALL NOT LEAVE UNTIL ALL CHARGES INCURRED ARE PAID TO DOBE RUN IN FULL. BY SIGNING THIS CONTRACT AND LEAVING THE PET(S) WITH DOBE RUN THE OWNER CERTIFIES THE ACCURACY OF ALL INFORMATION GIVEN ABOUT PET(S) DESCRIBED IN THE SLEEP OVER INFORMATION FORM.

I AGREE TO ALL TERMS AND STIPULATIONS DESCRIBED IN THIS CONTRACT FOR THE CARE OF MY PET(S) BY DOBE RUN BOARDING & DAYCARE

SIGNATURE: _____

DATE: _____

May we (Dobe Run) use your dog's photo, name and breed information on our website, face book or any other social media or marketing means?

Yes: _____ No: _____

Dog(s)' name(s) (include last name if we may use it)

Printed Name

Signature

Date