



Valley of the Hounds DAYCARE & BOARDING AGREEMENT 2010-2011

Owner's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Check one: Home ___ Mobile ___ Other ___

Alternate Phone: _____ Check one: Home ___ Mobile ___ Other ___

Business Phone: _____ Email _____

Emergency Contact Name (if other than owner): _____

Emergency Phone (if other than owner): _____

Dog's Name: _____ Breed: _____ Weight: _____ Color: _____

Birth Date: _____ Required Vaccinations: Rabies DH LP Parvo Bordetella

(NOTE: We require a copy of vaccinations brought in time for your dog's first visit)

Please answer the following:

Neutered Male Spayed Female Unaltered

Method of flea/tick control*: _____ (*must be treated for fleas/ticks)

Does your dog have an I.D. tag? Yes No (*NO pinch collars or collars with spikes)

Is your dog housebroken? Yes No

Has your dog ever had kennel cough? Yes No

Does your dog cough, sneeze, wheeze, or exhibit any asthmatic symptoms? Yes No

Has your dog ever been boarded or attended doggie daycare? Yes No

Has your dog ever bitten a person or another dog? Yes No

Has your dog ever exhibited aggressive behavior towards people or other dogs? Yes No

If yes, please explain: _____

Has your dog ever been bitten or attacked by another dog, or been abused? Yes No

If yes, please explain: _____

Is your dog a jumper, climber, escape artist? Yes No

If yes, please explain: _____

How did you hear about Valley of the Hounds? (Vet, friend, other): _____

Medical Emergency Information:

Veterinarian's Name/Clinic: _____

Phone: _____ City: _____ State: _____ Zip: _____

Please describe any medical or physical problems:

If in our judgment, your dog requires medical care, you agree to be solely responsible for the payment of all medical bills for your dog and you release Valley of the Hounds, its officers, directors, agents, and employees of and from any and all responsibility for, or claims, damages, or debts arising out of or related to such medical care, including but not limited to, transportation to/from the veterinarian clinic and choice of veterinarian or animal hospital. You agree that Valley of the Hounds and the Veterinarian will make the most compassionate and reasonable judgment as the situation dictates.

Veterinarian Monetary Maximum: \$_____. Initials: _____

Authorized Pickup:

By checking here, you agree that you may verbally (by telephone) or in writing (i.e., e-mail) request that Valley of the Hounds release your dog to someone other than the person(s) listed above, and you release Valley of the Hounds of and from any and all responsibility for releasing your dog to any person Valley of the Hounds believes to be authorized by you.

Valley of the Hounds will release your dog to the following person(s) with proper ID:

Agreement:

Valley of the Hounds reserves the right to immediately change your dog's type of boarding/daycare if we believe it is necessary to protect the health and well being of your dog, other dogs, or a staff member.

Valley of the Hounds cannot guarantee that toys, blankets, or bed will be kept in the same condition as brought in. Pets found to harbor external parasites will be provided a flea/tick bath and have preventative applied at the owner's expense.

All dogs, over 8 months old, must be spayed or neutered, and must have all their vaccinations. Unaltered dogs will not be allowed to interact with other dogs.

We recommend all dogs have an identification tag with either a phone number or address of the owner. The tag should include the dog's name. All dogs must be on a leash.

There is a \$2 per day charge to feed our dog food. We recommend that you bring in your own food since changing a dog's food can cause a severe upset stomach.

Dog owner understands the risks involved with communal boarding of dogs. Our boarding, daycare and grooming dogs play in the yard and inside with other dogs. Although we will offer reasonable care, the unpredictable personality of dogs can sometimes lead to injury. Dogs playing together in playgroups can sometimes result in injuries or spreading of such illnesses as Kennel Cough

Dog owner understands that Valley of the Hound's liability, of any circumstance related to the dog, will not exceed \$500.00. Full payment is required at the time of pick-up. Valley of the Hounds will have a lien on the pet to ensure payment and may retain custody of the pet until all payments are made in full. If the owner fails to make full payment at pick-up or fails to pick up pet within five (5) days after the pick up date, then Valley of the Hounds may sell the pet or dispose of the pet in any humane manner it wishes. All proceeds of the sale will belong to Valley of the Hounds. If the proceeds are insufficient to pay in full, all unpaid charges and costs of sale, the owner shall remain liable for the difference.

Owner understands that their pet's name, photo, and likenesses of their pet may be used for advertising and promotional purposes on the internet, brochures, television, etc. Valley of the Hounds has the right to reproduce and duplicate as they desire, free and clear of any claim whatsoever on the owner's part.

Limitation, attorney's fees and related costs, arising out of or related to the services provided by Valley of the Hounds, except which may arise from the sole gross negligence or intentional and willful misconduct of Valley of the Hounds, including, without limitation: (i) any inaccuracy in any statement made by yourself or information provided by you to Valley of the Hounds (ii) your dog, including but not limited to destruction of property, dog bites and transmission of disease, and (iii) any action by yourself which is in breach of the terms and conditions of this Agreement.

Due to the communal nature of our playgroups, and for safety/liability concerns, Valley of the Hounds does not allow any aggressive dogs for boarding or daycare.

Valley of the Hounds reserves the right, without notice, to adjust its fees for services. Please inquire at the front desk as to our current fees. An initial \$35.00 registration fee is required to start daycare.

Initials: _____

Owners Signature: _____ **Date:** _____

COMPANY USE ONLY:

Received by: Employee's name: _____ **Date:** _____

Daycare Registration Fee Received: _____ **\$35.00**

Shot Records Received: Yes No **Appointment Scheduled:** Yes No

Valley of the Hounds
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