



THE LITTLE TAIL
 five paw pet resort of the rockies

Last Name _____	Account # _____
Office Use Only	

Boarding & Daycare Contract

I _____, entrust The Little Tail to board my pet(s) and agree to all terms listed below.



Pet(s) Names: _____



Medical care authorization:

Should your pet become ill or injured during their stay we will make every attempt to contact you at the number provided before administering treatment. If immediate medical intervention should become necessary, and/or we are unable to reach you, please choose one of the following options;

- I authorize Red Hill Animal Health Center to provide all medical care deemed necessary and agree to pay for all expenses incurred.
- Do not take extensive measures. I authorize Red Hill Animal Health Center to provide medical care up to \$_____ for a single illness/injury.

In the highly unlikely event that your pet passes away while here in our boarding facility, we will contact you immediately and hold your pet for further instructions. (This statement is required by the USDA and PACFA)



So that we may better care for your pet, please check the behaviors that apply:

- My pet has NEVER exhibited any form of aggression such as:
 - biting other dogs, cats or people
 - growling
 - showing teeth
 - vicious barking
- My pet is protective of his/her area and possessions.
- My pet has been known to eat or chew up clothing, bedding, toys, etc.
- My pet has been known to nip at other pets or people.
- My pet HAS bitten other pets or people.
- My pet has never shown aggression towards other dogs and I authorize my pet to co-mingle or play with other dogs under staff supervision at this facility. _____ **initial**

Any other information you would like to tell us about your boarding guest(s):



Acknowledgement of Risks:

I understand that there are inherent and potential risks involved with interactions between humans and dogs as well as between dogs and other dogs, especially with dogs involved in group play and co-mingling. These risks may involve property damage or bodily injury. The Little Tail staff will make every effort to match personality, size and play-styles of dogs that are placed in playgroups but some risks may occur including, but not limited to dog scratches, nipping or bites. _____ **initial**

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Vaccination Policy:

For your pet’s protection, all animals admitted to our facility must be current on vaccinations and free of external and internal parasites

The following vaccinations must be up-to-date:

Dogs: Rabies, Distemper and Bordetella (given at least 3 days prior to stay and within the last 6 mos.)

Cats: Rabies, FVRCP

If vaccinations have been given outside of Red Hill Animal Health Center you will need to provide proof of vaccinations prior to your pets stay.



Medications:

If your pet will be receiving prescription medications during his or her stay, it must be in the original veterinary-labeled container with instructions for administration and your veterinarian’s contact information. Extra charges will apply. (This does not apply to vitamins and nutritional supplements)



Food:

We offer Royal Canin gastrointestinal low fat as our house-diet for dogs and Royal Canin maintenance for cats at no additional charge. If your pet is on a special diet or has a sensitive stomach we recommend bringing your pets own food. All food must be individually labeled in storage bags or containers with pets name and specific feeding instructions.



Personal Items:

I understand that I am welcome to leave my pet’s personal belongings to make them feel more comfortable and at home during their stay however, The Little Tail cannot assume responsibility for items lost or damaged. All personal items should be labeled with pet’s name.



General Health:

The Little Tail cannot guarantee the health of any animal, but pledges to provide a high level of care to all boarding guest. I agree to hold this facility harmless for conditions that often are unavoidable in boarding environments including, but not limited to, diarrhea and/or loose stool, vomiting, decreased appetite, weight loss or gain, kennel cough, upper respiratory infection and in rare instances stomach bloat in dogs. If medical treatment should be necessary we will make every attempt to contact you and follow the medical care authorization on this boarding contract. _____ **initial**



To the best of my knowledge my pets(s) appear to be free of any contagious disease and I have disclosed any know health conditions or concerns about my pet to the staff.



Abandoned Pets:

I am aware that if I fail to pick up my pet(s) within 5 days of the discharge date, and no other arrangements have been made, my pet will be considered abandoned and will be handled in accordance with Colorado State Law. This does not relieve me of my financial obligation. _____ **initial**

I HAVE READ THE ABOVE AND I AM IN FULL AGREEMENT.

SIGNATURE OF OWNER OR AGENT

DATE

EMERGENCY CONTACT: _____ PHONE # _____

EMAIL ADDRESS: _____