



Happy Tails Dog Ranch

18490 County Road 1

Berthoud, CO 80513

970-532-4040

www.HappyTailsDogRanch.com

Pet Services Agreement

The undersigned person has registered to participate in Overnight Boarding and / or Doggy Day Care at Happy Tails Dog Ranch (HTDR) in Berthoud CO.

1. I hereby certify that I am the owner of _____, the dog(s) which will participate in Boarding and / or Doggy Day Care.
2. I agree to pay the rate for pet care and other services as I request of HTDR. Furthermore, I agree that my dog will not leave HTDR until all charges are paid in full or a payment plan is agreed upon by HTDR and myself.
3. I understand that other dogs will attend Doggy Day Care and that during the course of participation, my dog may come into direct contact with all other participating dogs.
4. I understand I must submit veterinarian documentation that the above named dog has been vaccinated for:
 - a. Distemper, Parvo, etc (DHPPC) within the last year, or 3 years if it is a 3 year vaccine.
 - b. Bordetella (kennel cough) within the last 6 months, preferably.
 - c. Rabies within the last year, or 3 years if it is a 3 year vaccine.
5. I am aware that due to circumstances beyond HTDR's control, my dog may be exposed to those infectious diseases described above and other infectious diseases as well. However, since HTDR has advised me that my dog should be fully vaccinated before attending Doggy Day Care or Boarding, I alone assume responsibility for any such exposure.
6. I am aware that I cannot bring my intact female dog for Doggy Day Care or Boarding if there is any chance of her being in heat cycle, and that adult intact males are not accepted at HTDR.
7. I am aware that given the sometimes-unpredictable nature of dogs, an interaction could take place between animals at the day care, which may result in injury to my dog, to other dogs, or to other people. I alone assume responsibility for any such injury.
8. I agree that I am solely responsible for injuries caused or items damaged by my dog during their stay at HTDR. Should my dog be determined by HTDR, in their sole discretion, to be the clear cause of injury to another dog or supervisor, I will assume responsibility to cover the costs of any medical care required by the injured.
9. In the event of illness or injury, HTDR will immediately attempt to contact the owner. If contact cannot be made, I authorize HTDR to seek veterinary care for my dog to the point that HTDR deems care necessary. I understand that I assume responsibility to cover the costs of any required medical care.
10. I am aware that in the extremely unlikely event of death of a dog in HTDR's care, if no other instructions are available, HTDR will arrange for storage of the remains at our veterinarian's office until further arrangements are made, and that I assume responsibility to cover the costs of such arrangements.
11. I am aware that should my dog exhibit behaviors that are considered by the employees of HTDR, in their sole discretion, to be unsafe or inappropriate, employees may employ techniques to discourage said behavior including, but not limited to, spray bottles, bark collars and segregation. HTDR reserves the right to deny admittance to any dog for any reason.
12. As to HTDR and its employees, I hereby waive and release any actions, causes of actions, damages, rights, claims or lawsuits which I may have for : (a) any and all personal injury or property damage which may be sustained arising out of any interaction between dogs participating in Doggy Day Care and/or Boarding; and (b) any and all injury, illness or disease sustained by my dog arising out of or stemming from its participation in Doggy Day Care and/or Boarding.
13. I have read and understand this release form and I will honor and abide by the terms and conditions set forth above.

Owner's Printed Name

Owner's Signature

Date

Owner _____

Address _____ City/State/Zip: _____

Email _____

Home Phone: _____

Mobile 1: _____ (Whos) _____

Mobile 2: _____ (Whos) _____

Work Phone: _____

Emergency Contact / Phone: _____

Veterinarian / Phone: _____

How did you hear of us?: _____

Dog #1 Name _____ Breed _____ DOB _____
 Sex: **M F** Fixed? **Y N** Color/Description _____
 Last Vaccination Date: _____
 Bordetella _____ Rabies _____ Distemper/Parvo _____
 Has this dog ever bitten anyone? **Y N** Bitten any other dog? **Y N**
 Any known conditions: (e.g. Food Allergy, ACL/Hip Joint injury, Epilepsy, etc.)

Dog #2 Name _____ Breed _____ DOB _____
 Sex: **M F** Fixed? **Y N** Color/Description _____
 Last Vaccination Date: _____
 Bordetella _____ Rabies _____ Distemper/Parvo _____
 Has this dog ever bitten anyone? **Y N** Bitten any other dog? **Y N**
 Any known conditions: (e.g. Food Allergy, ACL/Hip Joint injury, Epilepsy, etc.)

Dog #3 Name _____ Breed _____ DOB _____
 Sex: **M F** Fixed? **Y N** Color/Description _____
 Last Vaccination Date: _____
 Bordetella _____ Rabies _____ Distemper/Parvo _____
 Has this dog ever bitten anyone? **Y N** Bitten any other dog? **Y N**
 Any known conditions: (e.g. Food Allergy, ACL/Hip Joint injury, Epilepsy, etc.)
