

BED BARK & BEYOND

4009 80th Avenue N.W.

Gig Harbor WA. 98335

253-303-0494

Boarding Contract

This boarding contract will be kept on file for 18 months. In order to accommodate you and your pet with the greatest level of service; please fill out this form completely and accurately. Should any information change regarding you or Your pet prior to a contract update, please notify us. Bed, Bark & Beyond assumes unless otherwise told while your pet is in our care, that you would want a veterinarian to use whatever measures they deem necessary for the well being of your pet. All medical charges incurred are the sole responsibility of the pet owner.

OWNER/PET INFORMATION

Name _____ Address _____

City _____ State _____ Zip _____

Home Phone # _____ Work # _____ Cell # _____

Name of Pet _____ Breed _____ Birthday _____

Color _____ Sex _____ Spayed/Neutered _____ Age _____

E-Mail Address _____

****Emergency Information****

Please provide us with the name of someone, other than yourself, to make decisions for your pet in case of a emergency or accident.

Name _____ Phone _____

Work # _____ Cell # _____ Other # _____

A copy of current shot records will be provided for Bed Bark & Beyond.

DHLPP/DHPP, RABIE S & BORDETELLA

Vet Hospital _____ Preferred Doctor _____

****Is your pet afraid of thunder etc.? _____ Do they require medication for it? _____**

Bed, Bark & Beyond

Policies & Procedures

Bed, Bark & Beyond is not responsible for the loss of leashes, beds, toys, blankets or any other item left with the pet.

We keep our facility clean and sanitized and your pet properly enclosed. The pet will be fed and watered properly and kept safe and free from harm within our control

All pets entrusted to Bed, Bark & Beyond are cared for without liability on our part for loss, damage, disease, death, Running away, fire, theft, injury to persons or pets, or any other avoidable causes. Pets will not be taken off premises, Except by owner consent of owner or medical emergency. If a pet becomes ill, Bed, Bark & Beyond will notify the owner and/or the emergency contact immediately. If the situation is life threatening and time does not allow notification prior, Bed, Bark & Beyond will seek veterinarian attention and treat accordingly. All expenses will be kept as low as possible and all expenses are the sole responsibility of the owner and to be paid promptly. Owners agree to the right to have Bed, Bark & Beyond separate or double any pair of dogs they deem necessary. Bed, Bark & Beyond normally has the dogs sleep in an open environment and does not kennel the dog unless expressly requested by the pet owner. Any and all charges not paid, or any pets not called upon within 30 days will be treated as "animal neglect" and prosecuted to the fullest extent of the law. Notification will be sent to the owner by registered mail.

The owner represents that he/she is the legal owner of the pet. It is the responsibility of the owner to guarantee that the pet has not been exposed to disease within 30 days, free from parasites and is current with all vaccines required

The word "PET" above in said contract represents any dog that is left in our care.

Your signature _____ Date _____

Bed, Bark & Beyond

MEDICATIONS **There is no charge for medication to be administered **

Is your pet currently taking medication? YES NO (please circle one)

If yes, what type and how often is it given?

MEDICATION _____ FREQUENCY _____

MEDICATION _____ FREQUENCY _____

Did the pet have their medicine today? YES NO Date & time _____
(please circle one)

Type of Food _____ How much do you feed? _____

How often? _____ Do they eat this because of allergies? YES NO (please circle one)

Did you bring any toys, blankets, treat or any other belongings? YES NO (please circle one)

What did you bring and describe items:

(Staff member) Entered By _____

Bed, Bark & Beyond/Veterinarian Release Form

(Mandatory for All Reservations)

Owners Name _____ Date _____

Phone # _____ Cell # _____ Other _____

Pets Name(s) _____ Breed _____ Age _____

Emergency contact other than yourself _____

Phone # _____ Work # _____ Cell# _____

Pet Care Insurance name # _____ EXP DATE _____

Credit Card # _____ EXP DATE _____ CRV # _____

Zip code for credit card _____

VISA OR MASTER CARD ONLY

I authorize Bed, Bark & Beyond to seek emergency medical attention for my pet(s). I understand that an emergency pet visit can be more costly starting at \$500.00 and can range upwards of \$6,000.00. I furthermore take full responsibility for my pets medical expenses and authorize treatment, surgery and if necessary, euthanasia. I authorize and give my permission for Bed, Bark & Beyond representative to discuss and/or receive my pets' medical records, or discuss the medical condition at hand on my behalf. Preferred Emergency Pet Hospital is Up Town Emergency Pet Hospital located in Gig Harbor WA Phone number 253-851-7387

Initial _____

Do to our cage free kennel free environment dogs can get into a scuffle and may have to be treated for a dog bite or other injury. Bed Bark and beyond will clean and make the determination of the injury. We will contact the owner and/or the emergency contact person on contract. Bed Bark & Beyond will follow the instruction given to us by the owner or the emergency contact person listed. If Bed Bark & Beyond cannot reach either party they asses and make necessary decisions for the best care for the pet. A credit card and/or Nepet care insurance information must be on file.

Initial _____

If pet owner or emergency contact cannot be reached I authorize Bed Bark and beyond to follow the protocol of this contract.

Owners Signature _____ Date _____

Bed, Bark & Beyond

Pet Information

Pet's Name _____ Breed/mix _____

Birth date _____ Sex _____ Neutered/Spayed _____ Color _____ Weight _____

Veterinarian _____ Telephone _____

Last Flea/Tick Preventative: Type and Date _____

Previously Abused _____

Medical Conditions _____

Food Allergies _____

Major Surgery/Illness (dates and type) _____

Other Special Needs/Comments _____

Has Your Pet ever attacked any Person or Animal? _____

(If yes, please explain) _____

Medications: Name of Medication: _____

How Much: _____ How Often: _____

Type of Food: _____ How Much: _____ How Often: _____

(Brand) _____

It is important to be as accurate and to provide as much information about your pet as possible, so that Bed, Bark & Beyond can provide the best care for your pet while you are away from them. Please describe any special information that you may think is important for your pet's safety and well-being. Feel free to attach more information to contract.

Multiple pet families please fill out page 3 & 5 per pet.
