



Information and Release Form

Owner:

Name(s): _____

Address: _____

Primary Phone: _____ Additional Phone: _____

E-mail: _____

How did you hear about us? _____

Emergency Contact:

Name: _____ Phone: _____

Dog(s): (Additional form provided for additional dogs)

Name: _____ Breed: _____

(Circle One) **Male/Female** **Spayed/Neutered/Intact**

Are they friendly and socialized with other dogs? **Yes/No**

Age/Birthday: _____ Crate-Trained? **Yes/No/Only if needed**

Please check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Allergies (Food/Medication) | <input type="checkbox"/> Excessive Barking |
| <input type="checkbox"/> Health Concerns | <input type="checkbox"/> Excessive Mounting |
| <input type="checkbox"/> Biter/Snippy/Aggressive | <input type="checkbox"/> Excessive Marking |
| <input type="checkbox"/> Food Aggression | <input type="checkbox"/> Toy Possessive |
| <input type="checkbox"/> Leash Aggression | <input type="checkbox"/> Coprophagia (poop-eater) |
| <input type="checkbox"/> Anxiety/Fear | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hyper/Excessive Energy | |

Please explain: _____

Feeding Schedule/Instructions:

Release of Liability

_____ **Initials**

I hereby consent and authorize Tahoe Tails and Trails to receive and board my pets. I understand that they will use all reasonable precautions for the safekeeping of our described pets, but Tahoe Tails and Trails will not be held responsible in any manner whatsoever on account of medical situations that may arise, as it is thoroughly understood that I assume all risks. I also understand that staff are not present continuously after normal business hours.

Vaccinations

_____ **Initials**

I further understand Tahoe Tails and Trails' policy stating that all vaccinations must be up to date at the time of daycare/boarding. This includes Distemper, Bordetella (kennel cough) and Rabies for dogs. We are also currently requiring at least the first round of the Canine Influenza vaccine. These vaccination requirements reduce the risk to both the employees and the boarding pets. All pets must also be flea and tick free. Any pets who do not meet these requirements may be turned away.

Food/Special Diet

_____ **Initials**

It is my responsibility to provide all necessary food for my pet for the duration of their stay. If I do not bring it with me and Tahoe Tails and Trails has to supply their food, I understand that I will be charged accordingly. If my pet requires special or prescription food, it will be my responsibility to provide such food during my pet's stay. I am responsible for notifying Tahoe Tails and Trails of any food allergies/dietary restrictions that my pet may have.

Infection/Illness

_____ **Initials**

I know that my pet is healthy and not coughing, gagging or sneezing and is free of nasal discharge associated with infection. I also know my pet has not been around any other pet who was showing these symptoms in the last 2 weeks. I understand that Tahoe Tails and Trails takes the utmost care in cleaning and disinfecting their facility and reserves the right to refuse pets who are coughing or showing signs of upper respiratory infection from being boarded, groomed or coming into the facility for any reason.

Financial Obligation

_____ **Initials**

Balances for boarding, daycare, grooming, etc. are to be paid when pets check out, or paid in advance. Furthermore, I understand that I am financially responsible for any excessive damage to the facility and/or serious injuries caused by my pets. Tahoe Tails and Trails reserves the right to refuse any pets causing excessive damage or injuries.

Emergency Veterinary Treatment

_____ **Initials**

Should my pet require any veterinary treatment during their stay, I authorize Tahoe Tails and Trails to take them to _____ or their preferred local veterinarian for treatment. I assume full responsibility for payment and/or reimbursement for any veterinarian services provided. I understand that Tahoe Tails and Trails cannot be held responsible for any result of veterinarian treatment or the loss of my pet.

The information I have provided for my pet(s) is true and correct, and I have read and understand all necessary requirements and obligations. This agreement is effective as of the date below and valid for all future stays. I am responsible for notifying Tahoe Tails and Trails of any changes in my pets health, diet, temperament, etc.

Owner/Guardian Signature

Date

Additional Dog(s):

Name: _____ Breed: _____

(Circle One) **Male/Female** **Spayed/Neutered/Intact**

Are they friendly and socialized with other dogs? **Yes/No**

Age/Birthday: _____ Crate-Trained? **Yes/No/Only if needed**

Please check all that apply:

- | | |
|---|--|
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Please explain: _____

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