



Information and Release Form

(2 pages)

Owner:

Name(s): _____

Address: _____ City/State/Zip: _____

Mobile Phone: _____ Home Phone: _____

E-mail: _____

How did you hear about us? _____

Emergency Contact:

Name: _____ Phone: _____

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

Name: _____ Breed: _____

Sex: **Male/Female** Are they? **Spayed/Neutered/Intact**

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

Are they Crate-Trained? **Yes/No**

Please check all that apply:

- Allergies (Food/Medication)**
- Health Concerns**
- Biter/Snippy/Aggressive**
- Food Aggression**
- Leash Aggression**
- Anxiety/Fear**

- Excessive Barking**
- Excessive Mounting**
- Hyper/Excessive Energy**
- Coprophagia (poop-eater)**
- Other**

Please explain: _____

Feeding 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. These vaccination requirements reduce the risk to both the employees and all of 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 food, Tahoe Tails and Trails may supply their food, and 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

Print Name

Additional Dogs:

Name: _____ Breed: _____

Sex: **Male/Female** Are they? **Spayed/Neutered/Intact**

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

Are they Crate-Trained? **Yes/No**

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"/> Hyper/Excessive Energy |
| <input type="checkbox"/> Food Aggression | <input type="checkbox"/> Coprophagia (poop-eater) |
| <input type="checkbox"/> Leash Aggression | <input type="checkbox"/> Other |
| <input type="checkbox"/> Anxiety/Fear | |

Please explain: _____

Feeding Instructions: _____

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Sex: **Male/Female** Are they? **Spayed/Neutered/Intact**

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

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Please check all that apply:

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

Please explain: _____

Feeding Instructions: _____
