



# DOG BOARDING REGISTRATION

SUITE # \_\_\_\_\_

ARRIVAL DATE: \_\_\_\_\_ DEPARTURE DATE: \_\_\_\_\_ PICK UP TIME \_\_\_\_\_

Owner's name \_\_\_\_\_

Contact Phone \_\_\_\_\_ Emergency contact /phone \_\_\_\_\_

Names of people authorized to drop off or pick up your pet(s) \_\_\_\_\_

Personal belongings brought (details please) \_\_\_\_\_

## Pet Information

(This section must be completely filled out)

<p>Dog's Name: _____ Breed/Sex: _____ _____</p> <p>Weight at check in: _____ Feeding Instructions: _____ _____</p> <p>Medical Condition: _____ _____</p> <p>Medication: _____ _____</p> <p>Play Group: <input type="checkbox"/> Yes <input type="checkbox"/> No Has your dog ever exhibited aggressive/possessive behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your dog ever climbed or tried to climb a 6 foot fence? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your dog have special needs, limitations, or behavioral issues we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____ _____</p> <p>For your pet's protection, all vaccines must be current. Proof of current vaccinations is required. <b>CVH Staff Verification (Staff Initial)</b> RV____ DHPP____ Bord ____ Influenza____ Fecal (negative) ____</p>	<p>Dog's Name: _____ Breed/Sex: _____ _____</p> <p>Weight at check in: _____ Feeding Instructions: _____ _____</p> <p>Medical Condition: _____ _____</p> <p>Medication: _____ _____</p> <p>Play Group: <input type="checkbox"/> Yes <input type="checkbox"/> No Has your dog ever exhibited aggressive/possessive behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your dog ever climbed or tried to climb a 6 foot fence? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your dog have special needs, limitations, or behavioral issues we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____ _____</p> <p>For your pet's protection, all vaccines must be current. Proof of current vaccinations is required. <b>CVH Staff Verification (Staff Initial)</b> RV____ DHPP____ Bord ____ Influenza____ Fecal (negative) ____</p>	<p>Dog's Name: _____ Breed/Sex: _____ _____</p> <p>Weight at check in: _____ Feeding Instructions: _____ _____</p> <p>Medical Condition: _____ _____</p> <p>Medication: _____ _____</p> <p>Play Group: <input type="checkbox"/> Yes <input type="checkbox"/> No Has your dog ever exhibited aggressive/possessive behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your dog ever climbed or tried to climb a 6 foot fence? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your dog have special needs, limitations, or behavioral issues we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____ _____</p> <p>For your pet's protection, all vaccines must be current. Proof of current vaccinations is required. <b>CVH Staff Verification (Staff Initial)</b> RV____ DHPP____ Bord ____ Influenza____ Fecal (negative) ____</p>
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Checked in by (CVH initials) \_\_\_\_\_



**Drop Off and Pick Up Times (excluding holidays): M-TH 7:30am–7pm; Fri 7:30am-6pm, Sat, 8am– 2pm; Sun 4pm – 6pm (pick ups only).**

**ALL CHECK-INS pay for a full night of boarding. CHECK-OUTS after 11am will be charged for a half day of boarding.** Drop offs or pick ups outside the regular hours may be arranged in advance for an additional \$20. If no arrangements are made for a late pickup, the Manager has the right to close the facility and the owner will be charged for an additional nights boarding at our standard rate. Owner understands and agrees to the charges for boarding at CVH. **(Owner Initial)** \_\_\_\_\_.

**Medical Illness Policy**

If your pet becomes ill or is injured we will call the emergency numbers regarding your pet's symptoms, treatment options and an estimate of additional costs. However, if the owner or their authorized agent cannot be reached, please indicate your wishes below.

Please perform whatever services the doctor deems necessary for the best care of my pet. If the cost is going to exceed \$ \_\_\_\_\_ authorization by the owner or authorized agent must be given.

<p><b>Luxury Boarding</b> Includes webcam access, a raised bed, doggy daycare, and a report card.</p> <ul style="list-style-type: none"> <li>• \$41.00 per night (1 dog)</li> <li>• \$26.00 per night (Additional Dog)</li> <li>• \$5.00 medication administration fee per day</li> <li>• \$5.00 extra per day for puppies under 18 weeks.</li> <li>• \$15.00 for a nail trim</li> <li>• \$20.00 Bath (Small Dog)</li> <li>• \$30.00 Bath (Large Dog)</li> </ul>	<p><b>Chatfield TLC Package</b> <input type="checkbox"/> <b>YES!</b> I want to pamper my dog with a Chatfield TLC package for an additional \$5.00 per day. Your dog will enjoy the comforts of our luxury boarding. <b>PLUS:</b></p> <ul style="list-style-type: none"> <li>✓ 15 min per day one on one time with kennel staff</li> <li>✓ Brushing daily for a shiny coat</li> <li>✓ Turn down service with a treat</li> <li>✓ E-mail updates daily</li> </ul> <p>E-mail Address: _____</p>	<p><b>Additional Services</b> We can provide a variety of veterinary and pet care, including veterinary and grooming services while your dog stays with us at your request. Please make arrangements at check-in.</p> <p><b>Services Desired:</b> _____ _____ _____</p> <p><b>Appointments Scheduled:</b> _____ _____</p>
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**Disclaimers & Additional Provisions Relating to Boarding**

(1) Standard precautions will be used against the injury, escape, or death of this pet. The clinic and staff will not be held responsible for injuries that occur, provided standard care and precautions have been followed as determined at the sole discretion of Chatfield Veterinary Hospital. It is expressly agreed by Owner and Chatfield Veterinary Hospital that Chatfield Veterinary Hospital's liability shall in no event exceed the lesser of the current chattel value of a pet of the same species or the sum of \$200.00 (Two Hundred Dollars) per animal boarded. In no event shall Chatfield Veterinary Hospital be liable for illnesses that arise during Owner's pets stay or after Owner's pet has left the facility.

(2) Owner understands and agrees that the Owner is solely responsible for any harm caused by Owner's dog(s) while attending or boarding at Chatfield Veterinary Hospital. Owner further understands and agrees that in admitting Owner's dog to Chatfield Veterinary Hospital all health and behavior problems have been fully disclosed to the best of owner's knowledge. A handling charge will be assessed for any aggressive animals.

(3) In order to insure the safety of our kennel attendants and other boarders, Chatfield Veterinary Hospital reserves the right to refuse boarding services to pets that might create a dangerous situation in our facility. Dogs that have bitten and cats that have bitten or clawed will not be allowed to board at Chatfield Veterinary Hospital. At the time of check-in, owners are **required to disclose** on our boarding form if the pet has any behavior issues or problems. We do our best to accommodate shyness, nervousness, and anxiety issues your dog may have. Some pets with no history of behavioral problems will develop aggressiveness in a strange environment. In this situation, the emergency contact person will be called and must be available to pick up the pet at our facility by the end of the same business day.



(4) Owner fully understands that any health or behavior problems that develop during their stay at Chatfield Veterinary Hospital will be handled and treated as deemed appropriate by the employees at Chatfield Veterinary Hospital and owner agrees to assume full financial responsibility for any and all expenses arising or relating thereto, subject to the stipulations set forth in the Medical Illness policy above.

(5) All charges incurred by the Owner under this agreement shall be due and payable in full upon pick up of the pet. Owner agrees that the pet shall not leave Chatfield Veterinary Hospital until such time as all charges incurred by the Owner have been paid in full to Chatfield Veterinary Hospital. In addition, Chatfield Veterinary Hospital is hereby granted by Owner a lien on the pet for any and all unpaid charges resulting from boarding pet at Chatfield Veterinary Hospital. Owner hereby agrees that in the event that all charges incurred under this contract are not paid when due, Chatfield Veterinary Hospital may exercise

its lien rights upon ten days written notice sent by certified mail return receipt requested, to Owner at the address shown on this contract. Chatfield Veterinary Hospital may dispose of pet for any and all unpaid charges, at public or private sale or by turning pet over to the nearest humane society or animal shelter. If such sale shall not secure sufficient funds to pay for all charges incurred under this contract, then Owner shall be liable to Chatfield Veterinary Hospital for the difference. All monies realized by Chatfield Veterinary Hospital at such sale, over and above the charges incurred under this contract and the costs of sale, shall be paid by Chatfield Veterinary Hospital to Owner.

(6) This contract is subject to the provisions of C.R.S. 12-64-115 (Abandonment of Animals), which reads:

a. Any animal placed in the custody of a licensed veterinarian for treatment, boarding, or other care which is unclaimed by its owner or his agent for a period of more than ten days after written notice, by certified mail, return receipt requested, is given to the addressee only at his last known address shall be deemed to be abandoned and may be turned over to the nearest humane society or animal shelter or disposed of as such custodian may deem proper.

b. The giving of notice to the owner, or the agent of the owner, of such animal by the licensed veterinarian, as provided in subsection (1) of this section, shall relieve the licensed veterinarian and any custodian to whom such animal may be given of any further liability for disposal. Such procedure by the licensed veterinarian shall not constitute grounds for disciplining procedure under this article.

c. For the purpose of this article, the term "abandoned" means to forsake entirely, or to neglect or refuse to provide or perform the legal obligations for care and support of an animal by its owner, or his agent. Such abandonment shall constitute the relinquishment of all rights and claims by the owner to such animal.

(7) This contract contains the entire agreement between the parties. All terms and conditions of this contract shall be binding on the heirs, administrators, personal representatives and assigns of Owner and Chatfield Veterinary Hospital.

(8) If any legal action is brought to enforce the provisions of this contract, the prevailing party shall be entitled to recover reasonable attorney's fees. These fees, which may be set by the court in the same action or in a different action brought for that purpose, are in addition to any other relief to which the prevailing party may be entitled. Owner agrees that venue for any action or proceeding filed under this contract shall be in Jefferson County, Colorado.

(9) Owner understands and agrees that in the event that any portion of this agreement shall be found void or unenforceable for any reason all other portions of the agreement will remain in full force and effect.

(10) I understand internet service is beyond the control of Chatfield Veterinary Hospital and will not hold the hospital responsible if the internet is not working.

(11) I understands that even if a dog is vaccinated against Kennel Cough (Bordetella), there is a chance that the owner's dog can still contract Kennel Cough or another illness during their stay at Chatfield Veterinary Hospital. Owner specifically agrees that Chatfield Veterinary Hospital shall in no way be responsible should owner's dog contract Kennel Cough or another illness while in the care of Chatfield Veterinary Hospital.

**I have read, understand and agree to all provisions of this agreement. I fully intend to pick up my pet on the above specified date. If circumstances change I will notify Chatfield Veterinary Hospital of the new pick up date and assume responsibility for any additional charges incurred.**

**DATE: \_\_\_\_\_ SIGNATURE (Owner/Agent for Pet): \_\_\_\_\_**