

# Boarding Policies & Agreement

Sharon Macy  
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This agreement, between Sharon Macy, herein referred to as the “Caregiver”, and the owner of the dog(s) being boarded, herein referred to as the “Owner”.

## Dog Information:

Name of dog(s)	DOB(s)	Microchip#(s)

## Dog Health Information:

All dogs must be in good health. Owner must certify that their dog(s) is/are negative for any condition that could jeopardize other dogs such as mites, lice, flea’s and parasites. Also Owner must certify that dog has not been ill with any communicable condition in the last 60 days. Failure to properly represent your dog(s) may result in Owner being responsible for the costs to treat other dogs on the premise that contract that condition(s).

Dog Owner certifies that Pet(s) are current on all vaccines DHLPP, Rabies and Bordetella.

Current non communicable health problems Caregiver needs to be aware of:

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## Owner’s Veterinarian Information:

Clinic’s Name and Doctors Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Clinic’s Address: \_\_\_\_\_

Emergency contact:

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

## Boarding Rates:

1. \$25.00 per day per dog. Drop off and pick up hours are between 7:00am and 8pm.
2. Grooming (Optional) if you would like to have your pet groomed before you arrive to pick them up. Grooming charges and services are on an individual basis.
3. Exercise (Optional) Caregiver employee’s dog walkers that walk the dogs on a daily basis, they walk each dog 35 – 40 minutes rain or shine. \$5.00 per walk. Please make a note to me letting me know if you wish your dog to be walked and how often \_\_\_\_\_ Example: every day /every other day.

**Estimated Boarding Dates: Please include the estimated times that you are planning to drop off and pick up your pet.**

**From:**

**To:**

Owner agrees that full daily rates apply and will be paid if the dog(s) is still in my care beyond these dates originally specified.

**Owner information:**

Name: \_\_\_\_\_

Home Address \_\_\_\_\_

City, St. Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

How may I contact you while your pet is in my care? \_\_\_\_\_

Who is authorized to pick you pet up from our care besides yourself? \_\_\_\_\_

Items you have brought with the dog(s) \_\_\_\_\_

**Dog Feeding and Care Instructions: (Owner supply's all food and treats)**

Type of Food: \_\_\_\_\_

Feeding instructions: \_\_\_\_\_

Medications: Administration: \_\_\_\_\_

**Please provide your traveling schedule: Dates, Hotels, Airlines and flight information all phone numbers to get a hold of you. Also an up to date photograph of your pet.**

**Please provide me with any other information that might be helpful to make your pets stay here more enjoyable while you're away.**

**Cancellation & Deposit**

A 50% deposit is required at the time of reservation. Cancellations are subject to forfeiture of that deposit with less than 7 days notice. Notice of cancellation with more than 7 days notice will be refunded the full amount of the deposit.

Should you return early, the appropriate pro-rated amount will be deducted from the balance due, or in the case of payment in full, a pro-rated amount will be returned to you.

**Caregiver Liability Release:**

Dog(s) will be cared for at the dwelling of Sharon Macy. All efforts will be made to assure the dog(s) is safe, comfortable and stress free. Dog(s) Owner agrees to not hold Sharon Macy (Caregiver) or anyone that has been assigned to care for the dog in her place (appointee i.e. dog walkers), liable for any / all injury, illness, loss or death which may occur in the course of their stay &/or this contract...

**Consent:**

I hereby authorize Sharon Macy to do whatever is necessary should and illness or injury situation arise. Owner agrees to reimburse Sharon Macy all medical expenses, and agrees to do so at time of pickup of dog(s) Owner agrees that Sharon Macy will not be held liable in any way for illness, injury loss or death of the dog(s) while in care.

Owner Signature \_\_\_\_\_  
Date: \_\_\_\_\_

Caregiver Signature Sharon Macy  
Date:

Please make sure that you return all 3 pages of this agreement to me. Thanks Sharon Macy