



SANDY CREEK PET RESORT

Boarding Information Contract

<input type="checkbox"/>	Doggie Daycare
<input type="checkbox"/>	Canine Camp
<input type="checkbox"/>	Kitty Cat Condos
<input type="checkbox"/>	In Your Home Care

Please complete this form prior to your arrival at the resort. Thank you.

YOUR NAME:		DATE:
ADDRESS, CITY, STATE & ZIP:		
DRIVERS LICENSE NUMBER:		EXPIRATION:
HOME PHONE:	CELL PHONE:	E-MAIL:

MY CAMPER IS A			
<small>MALE</small>	<small>NEUT.</small>	<small>FEMALE</small>	<small>SPAYED</small>
Canine: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitty: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____			

CAMPER'S NAME(S): _____	BREED: _____	AGE: _____
CAMPER'S NAME(S): _____	BREED: _____	AGE: _____
CAMPER'S NAME(S): _____	BREED: _____	AGE: _____

COLORS: _____	MARKINGS: _____	small <input type="checkbox"/> medium <input type="checkbox"/> large <input type="checkbox"/>
COLORS: _____	MARKINGS: _____	small <input type="checkbox"/> medium <input type="checkbox"/> large <input type="checkbox"/>
COLORS: _____	MARKINGS: _____	small <input type="checkbox"/> medium <input type="checkbox"/> large <input type="checkbox"/>

CAMP DATES:		
From: _____	To: _____ ; _____	To: _____ ; _____

VETERINARIAN:	PHONE:
VACINATIONS AND PREVENTATIVES:	CHECK HERE IF VETERINARY REORDS ARE ATTACHED <input type="checkbox"/>
FLEA / TICK PREVENTATIVE MEDICATION:	
CANINE RABIES: <input type="checkbox"/>	FELINE DISTEMPER: <input type="checkbox"/>
CANINE BORDATELLA: <input type="checkbox"/>	FELINE RABIES: <input type="checkbox"/>

OTHER MEDICAL CONDITIONS:

MEDICATIONS NEEDED:		
MEDICATION NAME	CONDITION TREATED	DOSAGE

DIET INSTRUCTIONS: AM: <input type="checkbox"/> SPECIAL PM: <input type="checkbox"/> INSTRUCTIONS:
OTHER INSTRUCTIONS:

BELONGINGS LEFT WITH CAMPER:

GROOMING NEEDS DESIRED: BATHED NAIL TRIMED CLIPPED BRUSHED OUT DE-MATTED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SPECIFIC GROOMING INSTRUCTIONS:

MASTERCARD or VISA FOR FILE:		
NAME ON CARD	CARD NUMBER	EXPIRATION DATE

***We do not process charges cards unless pets are abandoned.**

OWNERS AUTHORIZATION

I, _____, (owner) affirm that I am the owner or authorized representative of the owner of the following Pet Camper(s) or SCPR guest(s): _____.

I hereby grant permission to *Sandy Creek Pet Resort* or *SCPR* to act on my behalf and in my pet's best interest to obtain veterinary care, emergency care and transportation costs at my expense, if deemed necessary, as a result of illness, injury or death. I further agree to pay all costs associated with the care of my pet(s) while in the care of SCPR not limited to transportation, care and maintenance, grooming and spa services, veterinary and any other expense incurred for the benefit of my pet(s). I understand that SCPR will exercise best practices while caring for my pet(s) in order to make their stay comfortable, pleasant and safe. In the event my pet(s) should injure any other guests or staff of SCPR during my pets' stay with SCPR I understand the Owners of the Pet responsible are responsible for any and all medical expenses incurred by the injured party.

*If a pet owner does not collect or make arrangements for return of their pet(s) by their pet(s)' prearranged check out time and the pet owner does not contact Sandy Creek Pet Resort and make arrangements for extending the pet(s)' care then the pet(s) will be sold after ten (10) days to reimburse its expenses while in SCPR's care. All charges including care and maintenance, transportation, veterinary service and any other expenses incurred to provide for the well being of the pet(s) is due ten (10) calendar days from the time the pet(s) was scheduled for pickup following their stay at SCPR.

*Sandy Creek Pet Resort agrees to exercise all due and reasonable care to prevent injury, illness or death to its guests.

***Sandy Creek Pet Resort** and its owners shall not be held liable for injury, illness or natural causes of death to guests.

Pet owner agrees if their pet(s) show(s) any sign of parasitic infestation not limited to flea or tick infestation during their stay that SCPR may, at their discretion, bathe the pet(s) and charge the pet owners according to SCPR standard rates for the service required.

I, _____, give **Sandy Creek Pet Resort** my explicit permission to transfer my pet(s) to local veterinary care in the event of emergency or medical necessity, (please check to signify acceptance - \$20 transportation fee at owners expense applies. All expenses related to the pet(s) off-site care accrues to the pet(s)' owner.)

All deposits made for future care are not refundable. Such deposits may at SCPR discretion be used for future expenses of SCPR care.

Sandy Creek Pet Resort requires cash for your first visit. Successive visits may be paid for by local check once a business relationship has been established. **SCPR** assess a thirty dollar (\$30) fee for all returned checks.

Pet owner further agrees that the guest(s) shall not leave **SCPR** until all charges incurred are paid to **SCPR** in full. By signing this contract and leaving the pet(s) with **SCPR** the owner certifies the accuracy of all information given above about pet(s) described above.

Initial here to signify your understanding that:

1. **SCPR** does not accept credit cards for payment of services.
2. We operate like a hotel, Monday through Saturday, where "noon" is checkout time from the day prior. Sunday is charged as a daycare (\$14) for those wishing to pick up early. We open from 2:30-5:00pm on Sunday.
3. Daycare is available Monday through Friday, 6am to 6pm and Saturday 8am to 5pm.
4. You can "schedule" to drop off or pick up your pet(s) at anytime during business hours. We request that you call the day prior to arrange drop offs. Pick-ups need to be confirmed with us.
5. If you decide to pick up your pet after "noon" we will charge a "daycare" (\$14 canine / \$10 feline) price until 6pm, Monday through Saturday. Monday through Friday we are open from 8:30am to 6:00pm. Saturday we are open 8:30am to 5:00pm.
6. If you need to pick up your pet before opening or after closing and we are able to accommodate your request we will assess a \$15.00 outside of hours fee.
7. **SCPR** is not responsible for lost or damaged toys and bedding or other personal pet property.

I agree to the terms and stipulations described in this contract for the care of my pet(s) by **SCPR**.

signed: _____ date: _____

(Camper's Parent)

PICKUP OF CAMPER:

Pet(s) returned on to Parent: _____ (date) _____ days at Camp @ \$ _____ rate per pet(s)

X _____ at pet(s) at Camp.

Other services: _____ - _____ (additional fees). Total

monies owed to **SCPR**: \$ _____