



# Boarding Check-in

All dogs must be current on Rabies, DHLPP and Bordetella.  
We require all females over the age of 7 months to be spayed prior to their stay.  
Males over the age of 7 months who are not neutered will be charged \$4 daily.  
In order to be allowed in the play area with other dogs must be friendly towards other dogs & people.

## HOW DID YOU HEAR ABOUT US:

- Friend     Yellow Pages     Email/Newsletter     Facebook     Newspaper  
 Website/ Search Engine     Instagram     Yelp     Other \_\_\_\_\_

## CLIENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Can we text your cell phone if we are unable to get in contact? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list your cell phone provider: \_\_\_\_\_

Client Email: \_\_\_\_\_

Check-in: \_\_\_\_\_ Check-Out: \_\_\_\_\_

Time: \_\_\_\_\_:\_\_\_\_\_ Time: \_\_\_\_\_:\_\_\_\_\_

## PET GUEST INFORMATION

**Pet #1:** Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Weight: \_\_\_\_\_ pounds Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Spayed or Neutered: Yes \_\_\_\_\_ No \_\_\_\_\_

Age: \_\_\_\_\_ Birthday (mm/dd/yyyy): \_\_\_\_\_ (If unsure put your best guess)

Has your dog ever exhibited any unfriendly behavior: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Brand of food your pet eats: \_\_\_\_\_

**Pet #2:** Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Weight: \_\_\_\_\_ pounds Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Spayed or Neutered: Yes \_\_\_\_\_ No \_\_\_\_\_

Age: \_\_\_\_\_ Birthday (mm/dd/yyyy): \_\_\_\_\_ (If unsure put your best guess)

Has your dog ever exhibited any unfriendly behavior: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Brand of food your pet eats: \_\_\_\_\_

---

**Pet #3:** Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Weight: \_\_\_\_\_ pounds Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Spayed or Neutered: Yes \_\_\_\_\_ No \_\_\_\_\_

Age: \_\_\_\_\_ Birthday (mm/dd/yyyy): \_\_\_\_\_ (If unsure put your best guess)

Has your dog ever exhibited any unfriendly behavior: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Brand of food your pet eats: \_\_\_\_\_

---

**Pet #4:** Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Weight: \_\_\_\_\_ pounds Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Spayed or Neutered: Yes \_\_\_\_\_ No \_\_\_\_\_

Age: \_\_\_\_\_ Birthday (mm/dd/yyyy): \_\_\_\_\_ (If unsure put your best guess)

Has your dog ever exhibited any unfriendly behavior: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Brand of food your pet eats: \_\_\_\_\_

---

~~~~~

### FEEDING INSTRUCTIONS

I have supplied and labeled my pet(s) pre-measured food in separate Ziploc bags for each feeding. There is no additional charge for preparation of a pet's personal food. I understand in the event that my pet(s) supply of personal food runs short, I will be charged up to \$5.00 per day for Pepe Le Pooche's Premium Fromm Family Foods.

I am requesting that my pet(s) eat Pepe Le Pooche Resort & Spa house cuisine. I understand that there is an additional charge of \$5.00 per day.

In the event my pet decides to be a finicky eater, is it okay to use some enticement measures? Y or N

|                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Breakfast |  |
| <input type="checkbox"/> Lunch     |  |
| <input type="checkbox"/> Dinner    |  |

Note: \_\_\_\_\_

---

### MEDICAL INFORMATION

Does your pet have any old or current injuries/health concerns that require special attention?  Yes  No

If yes, please explain: \_\_\_\_\_

Does your pet have any allergies to medication and/or food?  Yes  No

If yes, please explain: \_\_\_\_\_

Additional medical information: \_\_\_\_\_

**Medication instructions:**

| Medication | Dosage | Time | Reason |
|------------|--------|------|--------|
|            |        |      |        |
|            |        |      |        |

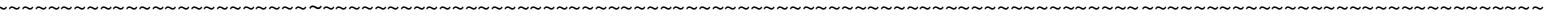
Please provide exact count of medication being left at Pepe Le Pooche: \_\_\_\_\_



**PERSONAL BELONGINGS**

Please describe any item you will be providing for your Pets stay:

\_\_\_\_\_



**VET**  
**Authorization**

I, \_\_\_\_\_ hereby Pepe Le Pooche Resort and Spa Corp. to seek and obtain veterinary care for my dog(s) in the event of illness and/or injury. I do understand that I will be notified of any medical emergency, illness and/or injury and that any veterinary costs incurred is my sole responsibility. I hereby authorize the use of my credit card for said purpose.

**CREDIT CARD INFORMATION**

Card Type (circle): Visa \_\_\_\_\_ Master Card \_\_\_\_\_ American Express \_\_\_\_\_ Discover \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ CVV: \_\_\_\_\_ Expiration Date (mm/yy): \_\_\_\_\_ / \_\_\_\_\_

Billing Address: \_\_\_\_\_ Apt/Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**POLICY REMINDERS**

Please initial on each line.

\_\_\_\_\_ **Check out Time Is by 11 A.m.** – Pets not picked up by 11am will be charged an equivalent to a day stay (daycare rate). Pets not picked up prior to closing will be considered overnight guests and be charged for an additional night’s stay.

\_\_\_\_\_ I understand that my dog will be required to have an exit bath, at a discounted rate of \$20-\$30. The exit Bath includes a bath and ear cleaning only.

\_\_\_\_\_ I understand that pets cannot be admitted or released when the Lobby is closed.

\_\_\_\_\_ The lobby is closed for check-in and check-out on New Year’s Day, Memorial Day, Easter Sunday, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

\_\_\_\_\_ My pet is in good health and has not been exposed to any contagious or communicable illnesses within the past 30 days.

\_\_\_\_\_ I hereby represent that all information provided in this document is accurate, and I agree to pay for all services and fees herein. I further agree that my pet’s boarding is subject to the terms and conditions set forth in the Pepe Le Pooche Client Agreement that I have previously signed.

**CLIENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NAME (PLEASE PRINT):** \_\_\_\_\_ **PET(S) NAME:** \_\_\_\_\_

**EMERGENCY CONTACT**

(These individuals may drop off or pick up the Canine, other than the Owner.)

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relation: \_\_\_\_\_ License/ID No. : \_\_\_\_\_

Please email or bring us a photo copy of the License/ID for visual purposes.  
If you are unable to make a copy, you may bring the License/ID here and we will make a copy for you.

# Client Agreement

For myself, my heirs and any assigns, I hereby release Pepe Le Pooche Resort and Spa Corp., its agents officers, subcontractors, employees, animal parents, customers and potential customers of Pepe Le Pooche from any and all liabilities for injuries to myself, my dog, and any other property of mine which arise in any way out of services and/or products provided by or as consequence of my association with Pepe Le Pooche I acknowledge and understand that every dog reacts differently and that the animals, by nature are unpredictable.

Dogs and animals may without warning, bite or cause injury to humans and other dogs. I acknowledge and understand that there are certain risk involved in cagefree overnight boarding, including but not limited to dogfights, dog bites to human or other dogs and transmission of disease.

In the case of emergency or for the use of Pepe Le Pooche Resort and Spa Corp. transportation services, I Recognize the risk of injury that accompany said transport and acknowledge that this RELEASE is being relied upon by Pepe Le Pooche Resort and Spa Corp. to permit transportation of my pet(s) to and from any necessary location. Furthermore, I accept any and all conditions, rules and regulations promulgated by Pepe Le Pooche Resort and Spa Corp. associated with the activities, use of facilities and transport and hereby agree to comply with them.

I, \_\_\_\_\_ grant Pepe Le Pooche Resort and Spa Corp. and/or its select agents full power of decision concerning the care and well-being of our dog(s). Should any medical emergency arise, it is agreed that Pepe Le Pooche Resort and Spa Corp. or its selected agents can and will make any needed decision concerning medical treatment and choice of caregiver. My signature below authorizes the use of my credit card for said purpose.

With my signature below, I accept exclusive and sole responsibility for these and all other risks and release Pepe Le Pooche Resort and Spa Corp. and its selected agents of all liability, no matter the cause.

Visa                     MasterCard                     Amex                     Discovery

Credit Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_