

Boarding Reservation

Client Name _____ Phone No. _____
 Name of Dog (1) _____ Name of Dog (2) _____
 Address _____
 Check In Date _____ Check Out Date _____

Yes No Do you authorize 2j4paws to utilize your pet's likeness on social media and/or promotional materials?

Service Agreement

Fee Schedule

Nightly Rate \$40
 Additional Dogs \$30
 Board & Train \$75*
 Must be discussed with trainers prior to board & train

Additional Fees
 Medicine Charge \$5 per day
 Nail Trim \$15
 Ear Cleaning \$15
 Brushing \$20
 Day Stay.....\$30 *if already enrolled

Vaccines and Health

- Rabies 1 or 3 years
- DHPP 1 or 3 years (Titer report is accepted)
- Bordetella 1 year (Not required, but recommended)
- All puppies must be at least 4 months of age and have completed: at least 2 DHLPP or DHPP, flexible with vaccinations schedule.
- All pet guests must be on a current internal parasite prevention. Along with being current on flea and tick medication and/or treatment.

I represent that my pet has not had any contagious illnesses (coughing, diarrhea, vomiting, green excessive eye discharge) of any kind for **14** days prior to check-in. I am aware and understand that 2jpaws employees in boarding and day stay are not veterinarians and do not have expertise in animal medicine. I agree to assume all risk associated with the administration of medication by staff members during my pet's stay. In addition, I acknowledge and am aware that vaccines **do not** protect against all contagious diseases that may affect my pet.

Day Stay

I understand that the 2j4paws, is a facility utilizing playgroup (if already enrolled) where multiple dogs interact. I understand that dogs play with their mouth and paws, which can result in nicks and scratches on my pet. While the 2j4paws, provided reasonable care and supervision in the playgroups, I understand and agree that the staff may not noticed these nicks or scratches before my pet's departures and, therefore, I might not be notified.

What Bring to During your pets stay

- Please provide your pets regular food, so we avoid any unneeded digestive upset. We can accommodate specialty diets, with refrigeration and freezer.

Patient's Current Food: _____
 Amount Fed: _____ Frequency Fed: _____



The Training Academy

814 - 880 - 7446 570 - 660 - 0872

2j4paws@gmail.com

Has your pet been fed for today: Yes No AM Noon PM

Special Feeding Instructions: _____

- You are welcome to provided 1 – 2 toys/bones that are in good shape, along with a blanket in good shape.
- We provided all bedded/cots and bowls. Unless you use a slow feeder bowl, please provide.

Medications

- If your pet will be receiving medication(s) during his or her stay, it must be in the original bottle with instructions for administration and your veterinarian’s phone number. If you no longer have the original bottle, please contact your veterinary hospital for a written script stating what the medication is along with the instruction and dosage.

Statement of Kennel Policy

1. A full day’s board is charged for the first day, no matter what time your pet is admitted.
2. Check-in and Check-out is done by appointment only, Monday through Sunday
 - a. Check-in appointment blocks are between 9:00 a.m. – 6:00 p.m.
 - b. Check-out appointment blocks are between 9:00 a.m. – 8:00 p.m.
3. Personal items may be left at your own risk. We are not responsible for loss or damage.
4. This facility cannot guarantee the health of any animal, but pledges to provide appropriate care to all boarders. I agree to hold this facility harmless for conditions that often are unavoidable in boarding environments, including but not limited to, weight loss or gain, rough hair coat, kennel cough, upper respiratory infection, and diarrhea.
5. If my pet(s) identified on this record become ill, I give consent for the _____ veterinary practice, to provide all medical/surgical treatment it deems necessary, with fees not to exceed \$ _____. I acknowledge that in the event of my pet’s illness, the staff at 2j4paws may not be able to contact me immediately. Nonetheless, they are authorized to initiate appropriate treatment of my pet until my agent, or I can be reached. I agree to pay all related expenses associated with the treatment of my pet until I am available to discuss further care and related fees with the attending veterinarian.
6. Cancellations. 1 day prior to arrival for a 2-to-4-night stay. 3 days prior to arrival for any stays over 4 nights. I understand that if I do not cancel with the time frame depending on my reservation dates, or no show, it will result in nightly rate fee.

I understand the 2j4paws is not a 24-hour facility and that my pet is left unsupervised after the staff shifts have ended. I agree to pay half during check-in and the remainder at the time of check-out (if your pets stay is over 10 days). I certify that my pet(s) appears to be free of contagious diseases and has not bitten anyone in the past 10 days. I accept that if I fail to pick up my pet(s) within 14 days of the notification at the above address, it will be considered abandoned and will be handled in accordance with state law, and that doing so does not relieve me of my financial obligations. I have read the above and I am in full agreement.

_____ (Date)

Owner of Kennel

Owner of Dog(s)