



Boarding Consent Form

Thank you so much for choosing to have your pet stay with us while you are away. A couple of things you should know:

1. We are labor intensive. Your dog is with a member of the staff 24-7; thus we only take a small number of dogs from our daycare
2. If we are not boarding at our onsite annex, your dog will be cared for in a private home by a member of our staff
3. Individual meals for your dog **MUST** be put into a zip lock bag.
4. Your dog should be delivered with a large shopping bag with your dog's name on the front. This will make it easy for us to keep all of their things together, especially when we have a number of dogs staying with us.
5. A non-refundable deposit of \$75.00 IS required to hold your reservation. Payment for all services is due at time of drop-off. Reservations will not be held without signed consent form and deposit in place.

Dog's Name(s): _____

Owners name: _____

Phone number where you can be reached in case of emergency _____

Arrival Date: _____ **Departure Date:** _____

Expected time of departure: _____

Pickup/Drop off Service: Y N

Please Circle One:

Daily Rate: \$75.00/night (1 - 3 day stays)

If you stay more than 3 days, the cost will be reduced to \$70.00/night.

If you stay more than 5 days, the cost will be reduced to \$68.00/night

If you stay more than 8 days, the cost will be reduced to \$66.00/night

If you stay more than 10 days, the cost will be reduced to \$65.00/night

TERMS AND CONDITIONS

By signing below I understand that:

1. Dogs must be picked up no later than 6:00 pm on the day of departure.
3. I will be charged for all nights that I have reserved for my dog unless 2 days notice is given.
4. Dogs not picked up by 11:00 p.m. Monday-Sunday will be charged for a day of daycare.
5. I authorize Rex's Place LLC to transport my dog to a licensed veterinarian for medical evaluation and/or treatment should it be deemed necessary by an owner or employee of Rex's Place I understand that I will be responsible for all charges related to the medical evaluation and/or treatment.

Signature _____

Date _____

Your reservation will not be confirmed without return of this form and payment of the required deposit

PLEASE REMOVE AND PLACE IN YOUR DOGS OVERNIGHT BAG



Dog's Name: _____ Date of Stay: _____

This space is used to document our feeding and provide you information on your dog's stay with us.

Date	Initials of caregiver	Date	Initials of caregiver
1.		1,	
3,		4,	
5,		6,	
7,		8.	
9.		10.	
11.		12.	
13.		14.	
15.		16.	
17.		18.	
19.		20.	

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Bath given: Y N

Caregiver(s) names (_____) and notes: