



www.thepoochpatio.com

BOARDING REGISTRATION & INFORMATION

CLIENT/OWNER: _____

DOG(S): _____

TRIAL DAY OF DAY CARE: completed TO BE DONE: _____

DROP OFF DATE: _____ TIME: _____
M-F 7am-7pm, Sat/Sun: 9am-5pm

PICK-UP DATE: _____ TIME: _____
M-F 7am-7pm, Sat/Sun: 9am-5pm

EARLY DROPOFF: offered M-F only 6:30am-7am: \$10 additional

LATE PICKUP: offered M-F only 7-8PM: \$20 additional

Check preferences in designated box:

DELUXE \$40/night per dog (standard kennel):

LOUNGE HOUND SUITE \$60/night per dog, (2) dogs \$110/night (3 available):

*NOTE: above rates are valid thru 11 AM the next day.
Pickups after 11 AM have a FULL day of day care added based on size of dog.

THE POOCH PATIO SPA SERVICES: (additional fees apply)

PAW-DICURE (nail clipping) or NAIL DREMMELE (auto grinder)

BOARD/BATH COMBO (bath, brush, cologne) SPECIALTY SHAMPOO

PROFESSIONAL GROOMING (price by weight/breed)

EMERGENCY CONTACT INFORMATION DURING STAY:

NAME: _____ RELATIONSHIP: _____

Home # (____) _____ Work # (____) _____ Cell # (____) _____

PERSONS AUTHORIZED TO PICKUP/DROPOFF: _____

HEALTH INFORMATION

MEDICATIONS: _____ AM MID PM QUANTITY: _____

FEEDING INSTRUCTIONS: (circle which applies)

1x/day DRY FOOD WET FOOD AMOUNT PER FEEDING: _____

2x/day DRY FOOD WET FOOD AMOUNT PER FEEDING: _____

3x/day DRY FOOD WET FOOD AMOUNT PER FEEDING: _____

HOLD HARMLESS LIABILITY WAIVER

As the owner of the above-referenced dog(s), I understand The Pooch Patio, L.L.C., its employees, officers, directors and agents, will exercise due care to protect the health and safety of my dog while in their care, and in the event my dog becomes ill or sustains injury, I have given permission for those in charge to take whatever steps necessary to obtain medical treatment for my dog, and I agree to pay all charges incurred. I consent to any veterinarian being retained to render care for my dog in case of emergency. I agree to pay for all charges the day I pick up my dog(s), and I understand that my dog(s) may not leave the premises until all charges are paid in full. I understand that any animal left for ten (10) days beyond the estimated date of pick-up without payment or contact will be considered abandoned and the owner relinquishes responsibility and ownership after such time.

I understand that I am boarding my dog(s) in an environment where they will be socializing and interacting with people and other dogs of all sizes. As always, with the interaction of dogs, there is a chance of injury. I assume all risks of injury to my dog while at The Pooch Patio or in transportation to any veterinarian clinic, so long as reasonable care is taken to prevent any unnecessary injury, death or loss. By boarding my dog(s) at The Pooch Patio, I agree not to file legal charges against The Pooch Patio or any employees for any injury, death or loss of my dog. I hereby waive and release The Pooch Patio from any liability of any nature for any injury, death or loss of my dog resulting from The Pooch Patio's actions or from the actions of my dog or any other dog while in the custody of, or on the grounds. In the event my dog causes injury to another dog or to a person while at The Pooch Patio, I agree to indemnify and subrogate The Pooch Patio from any action which may be brought against it and for any defense, settlement, or judgment against it. I will assume all liability for the actions of my dog and agree to maintain personal liability insurance in the event of such an incident.

Payment is due at the time services are rendered. If any amount is not settled within 20 days, The Pooch Patio LLC reserves the right to impose a late fee of \$20 and an interest rate of 2% until paid in full. If collection proceedings are necessary, I agree to pay for any reasonable attorney's fees and any applicable filing/collection fees.

For extended stay boarders only (over 7 days), your credit card on file will be billed a portion of your bill every 7 days, with the balance for services rendered to be paid on your pickup date.

For ALL holiday reservations, if a reservation is cancelled, a \$50 fee per dog will be charged. I acknowledge and agree to The Pooch Patio's holiday cancellation policies and will be accountable for any applicable fees should I cancel outside of their required timeframes.

As the owner of a dog attending The Pooch Patio, I agree to conform to and to be bound by the policies and procedures of The Pooch Patio as they may be amended. In the event of failure for me or my dog to conform with such rules, The Pooch Patio shall have the unilateral right, but not the obligation, to discontinue such rights of my dog to board or attend doggie day care again at The Pooch Patio.

****ATTENTION**:** Booking a boarding reservation requires a valid Credit Card on file

By signing below, I agree to be bound by the terms listed above.

OWNER'S SIGNATURE

DATE

OWNER'S PRINTED NAME

SIGNATURE ON FILE & CREDIT CARD BILLING AUTHORIZATION
The Pooch Patio, LLC
214-252-1550

NAME: _____

BILLING ADDRESS: _____

HOME TELEPHONE: _____

CREDIT CARD NUMBER: _____ Expiration Date _____

CREDIT CARD TYPE: _____ CIV _____ Personal _____ Corporate Card _____
(MASTER CARD / VISA / DISCOVER)

NAME AS IT APPEARS ON CREDIT CARD: _____

(PLEASE PRINT)

*** THE FOLLOWING MUST BE COMPLETED BY THE CARDHOLDER FOR THE CREDIT CARD INDICATED ABOVE AND SIGNED BY THE AUTHORIZED USER ONLY" ONE FORM PER SIGNATURE**

I, _____ AUTHORIZE THE POOCH PATIO, LLC TO PROCESS THE ABOVE CREDIT CARD AS "SIGNATURE ON FILE" FOR PET SEVICES, GOODS and TIPPING.

Please list all persons authorized to charge goods, services and tips to this card:

1.NAME: _____ PHONE: _____

2.NAME: _____ PHONE: _____

3.NAME: _____ PHONE: _____

PLEASE INDICATE WHETHER CREDIT CARD ARE FOR **SINGLE** OR **MULTIPLE USE**

CARDHOLDERS SIGNATURE: _____

Date: _____
