

# ADVENTURES IN PET SITTING, LLC BOARDING CONTRACT



Owner's Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

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

How did you hear about Adventures in Pet Sitting, LLC? \_\_\_\_\_

Vet Preference: \_\_\_\_\_

Vet Phone Number: \_\_\_\_\_

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## DOG 1

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: \_\_\_\_\_ Spayed or Neutered: \_\_\_\_\_ Age: \_\_\_\_\_

Feeding Instructions: \_\_\_\_\_

Medications: \_\_\_\_\_

Personality: \_\_\_\_\_

Other things we should know: \_\_\_\_\_

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## DOG 2

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: \_\_\_\_\_ Spayed or Neutered: \_\_\_\_\_ Age: \_\_\_\_\_

Feeding Instructions: \_\_\_\_\_

Medications: \_\_\_\_\_

Personality: \_\_\_\_\_

Other things we should know: \_\_\_\_\_

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## DOG 3

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: \_\_\_\_\_ Spayed or Neutered: \_\_\_\_\_ Age: \_\_\_\_\_

Feeding Instructions: \_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_

Personality: \_\_\_\_\_

Other things we should know: \_\_\_\_\_  
\_\_\_\_\_

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I certify that my dog(s) has not been ill with any communicable condition in the last 30 days. I also represent that my dog (s) are current on their vaccinations for Bordetella, Rabies, DHPP (Distemper, Hepatitis, Parvo, Para-influenza), and have had a negative fecal test within the past year. I also understand that Adventures in Pet Sitting, LLC recommends vaccination for Lyme Disease and the use of a flea/tick preventative for the protection of my pet.

In the event that my pet becomes ill or injured and I can't be reached, I authorize Adventures in Pet Sitting, LLC to make decisions in regards to the care of my pets based on a veterinarian's recommendation, and I will assume the responsibility for all vet expenses incurred. I understand that Adventures in Pet Sitting's staff are not trained veterinary technicians but will follow veterinary instructions in working with my dog.

Adventures in Pet Sitting, LLC accepts unspade and unneutered dogs. We take every precaution while caring for unspade females, but please understand that we cannot be responsible for any accidental litters.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

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I WOULD LIKE MY DOG (S) TO INTERACT WITH OTHER DOGS. I understand that although extreme caution is used, dogs are unpredictable in behavior and play rough and sometimes unexpectedly become aggressive with one another. In the unfortunate event that there is an injury to my dog (s), I do not hold Adventures in Pet Sitting, LLC, its owners, employees, or subcontractors responsible. I further agree to be solely responsible for all acts or behavior of my pet while it is in care of Adventures in Pet Sitting, LLC.

In order to maintain a safe play environment for the dogs, I understand that any dog that misbehaves will be given a time-out from the other dogs. Because excessive barking can escalate the intensity of the pack dynamic, I understand that Adventures in Pet Sitting, LLC reserves the right to use citronella collars if it is deemed necessary for the safety of all of the dogs in our care.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

I DO NOT WANT MY DOG (S) TO INTERACT WITH OTHER DOGS BECAUSE \_\_\_\_\_  
\_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_