

Boarding Agreement

Doggie Dude Ranch and the O' Cat Corral

1600 S. Quail Run Road Watkins, Colorado 80137

Phone: 303-366-2498

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info@dogcatranch.com

How did you become aware of our facility?

Yellow pages Internet Advertisement Event

Vet Clinic Name of clinic _____

Friend/Relative Name of friend/relative _____

NOTE: You may check out any time during business hours between 8am-6pm. However, for all check outs **BEFORE 2:00pm** there is no stay charge for that day. For all check outs **AFTER 2:00pm** there will be a one-time stay charge, that day only, of **\$23/1st dog** and **\$15/each additional dog.**

Owner's Name: (Last/First) _____

Address: _____

City: _____ **State:** _____ **Zip** _____

Phone Home _____ **Cell** _____ **Other** _____

E-mail 1 _____ **Email 2** _____

Emergency Contact (Not Owner) _____ **Phone** _____

Vet Clinic (Vaccinations*) _____ **Phone** _____

REQUIRED VACCINATIONS: Dogs: Bordetella (Kennel Cough), Distemper Combo/DHLPP, Rabies

Cats: Feline Combo/FVRCP-C, Rabies

*******Vaccination records must be turned in prior to booking initial reservation. Reservations are not guaranteed until all required paperwork is in.*******

All adult dogs must be spayed or neutered.

PET #1 Dog____ **Cat**____ **Male**____ /**Neutered**____ **Female**____ /**Spayed**____

Name _____ **Breed** _____

Color _____ **Approximate Birth Date** _____

Food Brand & Flavor _____

Feeding Instructions (Amount/Time) _____

Medical conditions/Allergies _____

Can your dog play with others? _____ **Dog treats allowed? (ours/yours)** _____

Multiple Dogs (same family): Can your Dogs eat in the same room? _____

Can your Dogs sleep/rest in the same room? _____

Multiple Cats (same family): Can your Cats share a condo? _____

PET #2 Dog____ Cat____ Male____ /Neutered____ Female____ /Spayed____
Name _____ Breed _____
Color _____ Approximate Birth Date _____
Food Brand & Flavor _____
Feeding Instructions (Amount/Time) _____
Medical conditions/Allergies _____

Can your dog play with others? _____ Dog treats allowed? (ours/yours) _____

PET #3 Dog____ Cat____ Male____ /Neutered____ Female____ /Spayed____
Name _____ Breed _____
Color _____ Approximate Birth Date _____
Food Brand & Flavor _____
Feeding Instructions (Amount/Time) _____
Medical conditions/Allergies _____

Can your dog play with others? _____ Dog treats allowed? (ours/yours) _____

PET #4 Dog____ Cat____ Male____ /Neutered____ Female____ /Spayed____
Name _____ Breed _____
Color _____ Approximate Birth Date _____
Food Brand & Flavor _____
Feeding Instructions (Amount/Time) _____
Medical conditions/Allergies _____

Can your dog play with others? _____ Dog treats allowed? (ours/yours) _____

RATES:

For Overnight Stays

Dogs: \$59/night 1st Dog

Cats: \$25/night 1st Cat

\$49/night 2nd Dog

\$20/night each additional

\$43/night 3rd Dog

\$43/night each additional dog

A \$10 per night surcharge will apply for above average medical care (sutures, post op, shots, etc)

For Doggie Daycare (Dogs must be picked up by 6pm)

Full Day: \$23/1st Dog

Half Day: \$12/1st Dog

\$15/each additional

\$ 12/each additional

Stage-coach Service (\$32 - \$42 one way depending upon your zone)

Pick up/Delivery Arrival times: AM Hours: 8am-10am

PM Hours: 2pm-4pm

****NEW**** There will also be a Convenience Charge for “time -specific” pick up and drop offs. We offer a 30 minute window for those who need a smaller pick up/drop off window. The fee is \$15 for each pick up/ drop off request. For example, if you request an 8-8:30 pick up and a 3:30-4:00 drop off, you will be charged a \$15 convenience fee.

Our office works diligently to keep stagecoach runs as short as possible for your pups. Waiting on customers often leads to extra time that our drivers and pups are on the road. There will be an additional charge of \$5 per additional TEN MINUTES

NOTE: All Pick up and Delivery times are when the Stage coach will arrive at your location and are approximate depending on weather and traffic conditions. Please allow for unforeseen conditions. If you cancel with the driver at the door you will be charged \$50 plus the cost of stagecoach. UNDER NO CIRMSTANCES WILL DOGS BE LEFT IN A BACKYARD UNATTENDED!

A credit card is required to book your reservation: (Please Print)

(We accept: Visa, Discover, Master Card, American Express)

Card Holder's Name (if different) _____

Billing Address (if different) _____

Card Number: _____ Exp. ____ / ____

Security code number on back of card _____

If you do not call to cancel a minimum of 24 hours in advance or you do not show up/or you cancel with the driver at the door you will be charged \$50.

I understand the rates, policies and practices of the Doggie Dude Ranch and the O' Cat Corral and have had the opportunity to ask questions about them. By signing below I agree to abide by those terms and pay for all services associated with my pet's stay and that all information about my pet(s) is complete and accurate.

Owner's signature _____ **Date** _____

Doggie Dude Ranch and the O'Cat Corral

Permission for Treatment and Owner Responsibilities

____ Owner understands that their pets share a common yard with pets of different ownership when at play or pool time. Although these activities are supervised there is always a possibility of injury from rough play.

____ If the dog/cat becomes ill and requires professional attention, the Doggie Dude Ranch may engage the services of a veterinarian, administer medicine or give other requisite attention to the pet following the directions of a veterinarian. If warranted, the owner gives the Doggie Dude Ranch permission to transfer the pet to a 24-hour care facility of which the owner shall pay the expenses. We will not be held liable for costs incurred relating to infectious diseases that are common to kennel environment such as tracheobronchitis (kennel cough) and influenza. I understand that the Bordetella vaccine is not a guaranty that my dog will not develop kennel cough.

____ Owner agrees to pay the rate for boarding in effect the date is checked into the Doggie Dude Ranch. All charges incurred by owner shall be payable upon pick up of pet. New customers with a stay of two weeks or more will pay upon check in. The owner agrees that in the event all charges are not paid when due, the Doggie Dude Ranch may exercise its lien right upon ten days written notice to owner, to address shown on contract. The Doggie Dude Ranch may dispose of the pet(s) for any and all unpaid charges, at private or public sale, at the sole discretion of the Doggie Dude Ranch, and owner specifically waives all statutory or legal rights to the contrary. Owner will be responsible for all legal costs of the Doggie Dude Ranch in collection matters.

____ The Doggie Dude Ranch shall exercise reasonable care for the pet(s) delivered by the owner to the Doggie Dude Ranch for boarding. It is agreed by the owner and the Doggie Dude Ranch that the Doggie Dude Ranch's liability shall in no event exceed the lesser of the current value of a pet of the same species or the sum of \$300.00 per pet boarded.

____ If my dog cause injury to another dog or to a person while at the Doggie Dude Ranch I agree to pay for all medical expenses for initial care and follow up visits for the dog(s) or person(s).

____ I understand that if I do not reclaim my pet and pay boarding fees that my dog will be held for 5 days at DDR before it becomes available for adoption or placed in a dog rescue or animal shelter. Owner surrendered pets, abandoned pets will become the property of the Doggie Dude Ranch and shall be immune from liability in a civil action brought by the owner of the pet.

I have read and initialed each topic and I understand and agree to its terms and conditions.

Signature _____ Date _____

Permission to Play and Consent for Treatment

I understand that the concept of group play and group pool time is to allow dogs to be socialized by interacting with people and dogs. As always, with the interaction of dogs there is a chance of injury. I assume all risk of injury to my dog while at the Doggie Dude Ranch and the O'Cat Corral Pet Resort, so long as reasonable care is taken to prevent any unnecessary injury.

I understand every effort will be made to contact me in such an event. I understand I am financially responsible for any costs for vet care of the injury or illness. I understand that if my dog dies while at DDR they will use all efforts to notify me immediately and that my dog will be taken to Strasburg Vet Clinic or my vet clinic if possible.

As the owner of the dog(s), cats(s), I understand that the Doggie Dude Ranch and the O'Cat Corral,LLC., it's employees and managers will exercise due care to protect the health and safety of my dog/cat while in their care. In the event that my dog/cat becomes ill, or injured, I authorize the Doggie Dude Ranch and O'Cat Corral to obtain medical treatment in the event of an illness or accident for my pets. I give the attending veterinarian permission to start medical treatment.

In the event that the medical expenses exceed_____ I request that the Doggie Dude Ranch and the O'Cat Corral contact me before any further treatment is performed. I agree to reimburse the Doggie Dude Ranch and the O'Cat Corral for any and all expenses incurred for the medical treatment of my dog/cat.

I hereby waive and release the Doggie Dude Ranch and O'Cat Corral,LLC , its employees, officers and managers or agents from any and all liability of any nature of injury, death or loss of my dog/cat resulting from the negligence of the Doggie Dude Ranch and the O'Cat Corral,LLC.

If my dog cause injury to another dog or to a person while at the Doggie Dude Ranch and O'Cat Corral, I agree to indemnify and subrogate for the Doggie Dude Ranch and the O'Cat Corral,LLC, from any action which may be brought against it, and for any defense, settlement, or judgment entered against it. I will assume all liability for the actions of my in the event of such an incident.

Please make a copy of this agreement for your records.

I have read the agreement and agree to abide by the policies and procedures.

Print Name _____

Signature _____ Date _____