



Home Instead of Alone, Inc

Personalized Professional Training and In-Home Boarding

200 Farmers Avenue Lindenhurst, NY 11757

631-991-3191 516-749-8302

Boarding Agreement

All information is confidential and for use in caring for your pet only by **Home Instead of Alone** herein after referred to in this contract as **HIOA**, and staff.

DOG INFORMATION:

Dog's name: _____ Birth date: _____

Breed: _____ Weight: _____ lbs. Color: _____

Microchip Number _____

My dog is: Neutered Male Spayed Female Unaltered and under 7 months old

All dogs over 8 months old must be spayed or neutered

Method of flea control: _____ (Must be on a flea control program and free of fleas.)

Date Last Administered; _____

Heartworm medication: _____ Date last administered: _____

Has your dog ever been boarded? Yes No

Were there any medical or behavioral issues reported? Yes No If yes, describe: _____

Does your dog have any medical problems or physical ailments? (Seizures, asthma, arthritis, incisions, etc.) Yes No
If yes, please describe: _____

Is your dog on any medications for this conditions? Yes No

If yes, Name of medicine(s) _____ Dosage: _____ How often: _____

Name of medicine(s) _____ Dosage: _____ How often: _____

Has your dog ever bitten a person, or attacked another dog? Yes No

Has your dog ever exhibited aggressive behavior towards people or other animals? Yes No

Has your dog shown signs of food or toy aggression towards people or other animals Yes No

Has your dog ever jumped a fence? Yes No If yes, how high was the fence? _____

Are all of your dog's vaccinations current (Including Bordetella (Kennel Cough) Yes No

Please bring a copy of your dog's current vaccination records from your vet. Current vaccination for Rabies, DHLPP, Parvo, and Bordetella is required.

Veterinarian's Name _____

Veterinarian's Address: _____

Veterinarian's Phone #: _____

OWNER INFORMATION:

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone / Pager: _____

Email Address: _____

Please provide two emergency contacts in the event that we can not reach you:

Name: _____ Phone: _____

Name: _____ Phone: _____

SPECIAL CARE INSTRUCTIONS:

Feeding Instructions:

Number of times per day: _____ Amount each meal: Dry _____ Canned _____

We recommend that you bring your dog's regular food, since dietary changes can result in stomach upset.

****If you do not wish to bring your pet's food, we will provide a quality holistic brand dog food.**

Food brought from home: Yes No

Is your Dog prone to any digestive problems (chronic diarrhea, vomiting), Yes No

If Yes, Please describe: _____

Are there things that exacerbate this condition? (rawhides...etc) _____

Is any person other than yourself authorized to pick up your pet? Yes No

-By checking "Yes," you authorize HIOA to release your dog to the person(s) listed below, and release HIOA from any and all responsibility:

Name: _____

Name: _____

TERMS OF AGREEMENT:

Please initial in box

- *Dog (s) will be boarded at a rate of: \$45.00 per day (\$40.00 each additional dog) This price does not include sales tax .*
- *Owner understands that due to our practice of only accepting a maximum of four (4) dogs at a time to ensure the pet receives plenty of individual attention, a deposit of \$100.00 is expected to hold your pets place. Deposit will be refunded by means of company check ONLY if cancellation notice is given no less than one week prior to agreed upon drop-off date, to enable us to fill your place. Without this deposit, your pets place is not guaranteed.*
- *Owner agrees to pay half of the balance for pet care provided in effect on the date pet is checked into our care, and the balance to be paid upon pick-up.*
- *All dogs must be picked up before 10 pm on the day of scheduled pick-up. (Unless other arrangements have been made in advance.) Dogs not picked up by 10 pm will be held for overnight boarding at the standard rate. The dog must be picked up the following day.*
- *It is our practice to allow cage-free playtime and exercise to the maximum extent possible. However, if behavior issues warrant, staff of HloA reserves the right to isolate any dog to ensure the safety of all.*
- *Dog Owner understands the risks of cage-free boarding. At HloA, boarded dogs are allowed and encouraged to mingle freely with other dogs, both indoors and in our fully secured fenced play area. Although we provide reasonable supervision, injuries can occur, and fleas or contagious disease may be transmitted.*
- *If pet becomes ill or injured, or if the state of the animal's health otherwise requires professional attention, HloA, in its sole discretion, may engage the services of a licensed veterinarian or administer medicine or give other requisite attention to the animal, and the expenses thereof shall be paid by the Owner.*
- *Owner gives consent to HloA to act on Owner's behalf in obtaining emergency veterinary care at Owners expense. Owner indemnifies and holds HloA and its employees harmless for said expenses.*
- *HloA shall exercise reasonable care for the pet delivered by Owner to us. Owner recognizes and accepts potential risks involved with interactive boarders. It is expressly agreed by Owner and HloA that HloA's liability shall in no event exceed the lesser of the current value of a pet of the same breed or the sum of \$500.00 per animal admitted.*
- *Dog Owner attests that the dog is friendly and has shown no previous aggression towards other dogs or people. Owner is responsible for any injuries caused by the dog while boarding at our facility, and any medical or veterinary bills that may result.*
- *Dog Owner agrees to hold **HloA** harmless and indemnify it against all legal defense costs, fees and business losses resulting from any claim made, or caused to be made against **HloA** for which it, its agents or employees are not ultimately held to be legally responsible.*
- *Owner agrees to pay all costs and charges for special services requested, such as trips to the groomer, or picking up and/or dropping off the pet for the Owner's convenience. Owner also agrees that in the event of an emergency, Owner will be responsible to compensate HloA for travel expenses to and from the Vet.*
- ***Owner agrees that the pet shall not leave HloA until all charges have been paid to us.***
- *Owner agrees to be solely responsible for any and all acts or behavior of said pet while it is in the care of HloA, and assume any expense and liability for injury to any human or other animals or damage to facilities caused by the pet.*

• *Your signature below indicates:*

- 1. You have made full disclosure;*
- 2. You have read, understand, and accept the terms of this agreement;*
- 3. Your acknowledgment of the risks of communal boarding.*

This Agreement is effective and binding upon the Parties. Each time you bring your dog to Home Instead of Alone, for boarding, you affirm the terms of the Agreement.

I give my permission for HIOA to use pictures of my pet for advertising purposes Yes No

Owner Signature: _____ Date: _____