



CANINE WORKS LLC

Po Box 248, Sandston, VA 23150
(804) 737-5300
www.canineworks.com



PET AND OWNER INFORMATION

OWNERS FULL NAME: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

ADDRESS: _____

ADDRESS 2: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PETS NAME: _____ BREED: _____ AGE: _____

VET YOU USE: _____ VET PHONE NUMBER: _____

RABIES TAG NUMBER: _____ RABIES EXP DATE: _____

PETS NAME: _____ BREED: _____ AGE: _____

VET YOU USE: _____ VET PHONE NUMBER: _____

RABIES TAG NUMBER: _____ RABIES EXP DATE: _____

PETS NAME: _____ BREED: _____ AGE: _____

VET YOU USE: _____ VET PHONE NUMBER: _____

RABIES TAG NUMBER: _____ RABIES EXP DATE: _____

EMERGENCY CONTACT INFORMATION

FULL NAME: _____ RELATIONSHIP TO YOU: _____

PHONE NUMBER: _____ MOBILE NUMBER: _____

FULL NAME: _____ RELATIONSHIP TO YOU: _____

PHONE NUMBER: _____ MOBILE NUMBER: _____



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QUESTIONNAIRE

IS YOUR PET AGGRESSIVE? YES NO (Cannot be around cats or other dogs, etc)

IS YOUR PET A FENCE JUMPER? YES NO

DOES YOUR PET REQUIRE SPECIAL CARE? YES NO (Medication, shots, etc)

IF YES, PLEASE EXPLAIN/GIVE DIRECTIONS:

DOES YOUR PET CHEW ON THINGS OTHER THEN TOYS AND TREATS? YES NO (Bedding, etc)

IS YOUR PET ALLERGIC TO ANYTHING? YES NO

IF YES, PLEASE LISTED BELOW:

WHAT COMMANDS DOES YOUR PET KNOW?

FEEDING INSTRUCTIONS:

PET FOOD 1: _____ CUPS: _____ TIMES PER DAY: _____

PET FOOD 2: _____ CUPS: _____ TIMES PER DAY: _____

PET FOOD 3: _____ CUPS: _____ TIMES PER DAY: _____



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BOARDING RULES AND LIABILITY RELEASE

1. You must supply a copy of your pet(s) vaccinations at time of drop off.
2. If you pet(s) are aggressive, you must let us know of this before dropping them off so other commendations can be put in place and for the safety of the staff and other pets.
3. Pet(s) who come to stay will undergo a check for ticks and fleas. Pet(s) who have ticks will be treated at owner's expense. Should your pet(s) have fleas, they will not be able to be dropped off until the problem is fixed and the pet(s) are free from all fleas.
4. Please bring your pet(s) medication along with clear instructions as to how your pet(s) is medicated. In the event you do not provide us with instructions, we will follow the instructions on the medication container or use our best judgment. If your pet(s) runs out of medication, we will not be able to fill it for you.
5. We supply milkbone type dog biscuits to all our boarders and daycare pets. If your pet(s) cannot have these types of snacks, please let us know and if necessary, please provide the snack your pet(s) can enjoy.
6. We prefer not to board your pet(s) with personal items as they can become lost, destroyed or badly soiled and may need to be disposed of for sanitary health reasons. If you leave items with us, including leashes and collars, we cannot be responsible for those items as they may be destroyed, soiled or disposed of and you will not be refunded money to replace or repair the items.
7. All boarded pet(s), even fully vaccinated pet(s), placed in different or stressful situations may suffer decreased immunity and gastric changes. Vaccines do not protect against all disease. All boarded pet(s) become susceptible to sore throats, voice changes, canine cough, diarrhea, constipation, excessive grooming and shedding. We cannot be responsible for costs associated with these conditions if they arise during or after boarding and you agree not to hold us liable for any



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costs associated with these conditions. Canine Works, LLC will make reasonable attempts to accommodate your pet(s) but this may not be feasible in all cases.

8. Unforeseen events do occur. In the event that your pet(s) cannot be picked up on the designated day, call us prior to the discharge day or as soon as reasonably possible to inform us of the delay and provide us with a new discharge day. Pet(s) left for more than five (5) days passed the discharge date without owner contact will be considered abandoned. Please take our business card with you as it contains all contact information for our facility.

9. In the event your pet(s) becomes sick we will attempt to contact you or your listed emergency contacts. By listing an emergency contact you give them authorization to make all decisions about your pet(s) if you cannot be reached. If we cannot contact you or your emergency contacts or in the event an emergency occurs, you give permission for the doctors and staff at Canine Works, LLC to provide whatever medical and/or surgical treatment is necessary for your pet(s) and understand that you agree to accept responsibility for all fees. You understand that if your pet(s) becomes sick or requires emergency care, there is no guarantee of a favorable outcome and you will still be responsible for all fees. You agree to release Canine Works, LLC and its staff of all liability associated with boarding your pet(s).

10. If your pet(s) are fence jumper, Canine Works team has my permission to use a long leash at all times while my pet(s) is outside the housing facility. I am aware of the risks of having a fenced area.

11. I understand that I will be responsible for inspecting the crate assigned to my pet(s) to ensure the condition prior to my pet(s) stay. If my pet(s) damages and/or destroys the crate I will incur a standard fee up to \$85, based on the size of the crate.



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I have read, fully understand and agree to the conditions of the Boarding Rules and Liability Release form. You certify that you are the legal owner of the pet(s) being boarded or an authorized representative for the legal owner and as such will accept full legal and financial responsibility. You understand that your pet(s) will only be released to you or your authorized representative(s) named below.

X _____
OWNERS SIGNATURE DATE

X _____
CANINE WORKS RESPERSENITIVE/OWNERS SIGNATURE DATE