



Client Card

OFFICE USE ONLY

KS	<input type="checkbox"/>
SCN	<input type="checkbox"/>
RECP	<input type="checkbox"/>
TRN	<input type="checkbox"/>

FIRST NAME: _____ LAST NAME: _____

SPOUSE/PARTNER NAME: _____ How did you hear about us? _____

ADDRESS: _____

CITY: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL ADDRESS: _____

EMERGENCY CONTACT NAME: _____ RELATIONSHIP: _____

EMERGENCY CONTACT PHONE NUMBER(S): _____

1. DOG'S NAME: _____ DATE OF BIRTH: _____ SEX: ___ M ___ F

BREED: _____ COLOR: _____

SPAYED OR NEUTERED: ___ YES ___ NO UP TO DATE ON VACCINATIONS? ___ YES ___ NO

DOES YOUR DOG HAVE ANY ALLERGIES? ___ YES ___ NO IF SO, TO WHAT? _____

MY DOG... Likes all other dogs Gets along with some dogs Is NOT good with other dogs

ANYTHING ELSE WE SHOULD KNOW ABOUT YOUR DOG?

VET CLINIC _____ VET PHONE#: _____

2. DOG'S NAME: _____ DATE OF BIRTH: _____ SEX: ___ M ___ F

BREED: _____ COLOR: _____

SPAYED OR NEUTERED: ___ YES ___ NO UP TO DATE ON VACCINATIONS? ___ YES ___ NO

DOES YOUR DOG HAVE ANY ALLERGIES? ___ YES ___ NO IF SO, TO WHAT? _____

MY DOG... Likes all other dogs Gets along with some dogs Is NOT good with other dogs

ANYTHING ELSE WE SHOULD KNOW ABOUT YOUR DOG?

TERMINATION/CANCELLATION POLICIES: The owner or agent of dog may have the animal withdrawn from training or wellness treatment at any time. **However, once program(s) has begun, all fees and/or wellness packages are non-refundable.**

IN KENNEL/ DAY TRAINING DEPOSIT - requires a **2 weeks** advanced notice of cancellation in order to receive a refund. If the cancellation happens in less than 2 weeks notice it will be considered a store credit *ONLY*.

PRIVATE TRAINING - The Owner or agent of dog may postpone any of the private lessons, provided 48-hour notice is given. K9s Only is only obligated to give two free make-up lessons due to owner or agent postponement. After second postponement, each additional postponement will count as one of the remaining lessons owed to owner. Additional make-up lessons can be purchased at the current prevailing rate. Rain, holidays, or trainer illness will not be counted as owner or agent postponement. K9s Only will, in these cases, provide free make-up sessions for as many times as these types of postponements occur.

BOARDING - Check out time is before noon. Dogs leaving after noon and before 2pm are subject to a \$25 late checkout fee. Dogs leaving between 2pm and 6pm are subject to a \$45 day boarding fee is non-social or \$38 daycare fee if social. We do not check dogs out after 7pm Monday-Friday or after 6pm on Saturday. Training Clients Pick up on Sunday is not available. (Unless special hours are noted by staff). No pet will be released, or stay extended, until all charges are paid in full or other arrangements satisfactory to K9s Only have been made. Payments are due when services are rendered. There will be a 10% interest charge per month on all outstanding balances. The customer agrees to notify us in advance if there is any change in the pet's drop off or pick up date. If the pet is dropped off later than the arranged date, or picked up early without prior arrangements made, the customer will be charged the total of the original reservation. Prior arrangements must also be made if any person other than the owner is going to pick up the pet, otherwise the pet will not be released.

A minimum 48 hour cancellation notice must be given during non-holiday times. A minimum 5 day cancellation notice must be given during holidays. In the event of a cancellation without proper notice, **client is responsible for 50% of the original boarding fee.** Owners are subject to a \$100 per day fee for dogs left past pick up date without notification. The owner of this pet or his agent agrees to pay reasonable legal fees and costs incurred by the kennel in the collection of outstanding bills.

This agreement represents the full and only agreement of the parties. I have read and fully understand and agree to the above contract terms.

LIABILITY: I, (print name) _____, as the legal owner of the aforementioned dog(s), have carefully read and understand this agreement and do hereby waive and release K9s Only and the PRACTITIONER/TRAINER from any and all liability of any nature. This includes, but is not limited to, any injury, death, sickness or damage my dog(s) may suffer during or after any training/treatment program. I also agree to indemnify and hold harmless K9s Only and the PRACTITIONER/TRAINER from any and all claims due to any damage the dog(s) may cause to any family member or any third parties during or after treatment. I understand that the K9s Only PRACTITIONER/TRAINER is not a licensed veterinarian. I hereby waive all rights to any cause of action against K9s Only PRACTITIONER/TRAINER, or his/her assigns or beneficiaries, stemming from this treatment/training. This waiver also binds my agents, assigns and beneficiaries.

*By signing this Waiver and Release, you assume full responsibility for your dog's behavior and assume full responsibility to K9s Only and our Guardian clients for all damages and injuries to property, dogs and persons caused by your dog.

Signature of owner or agent of pet

Date



PERSONAL ITEMS POLICY

Clean bedding will be provided for all pets boarding with us. We understand the desire to leave personal bedding with your pet, but due to cleanliness issues, we prefer to use our own bedding unless special needs for the pet are required (orthopedic conditions, etc.)

Additionally, we prefer not to take in personal items such as toys and bones. However, if any personal items are left with the pet, they must be personalized with permanent marker.

K9s Only does NOT accept rawhide bones or any treats that may become indigestible or get lodged in the pet's throat.

Despite our policy, if you insist on leaving personal items, please sign below that you are aware that **K9S ONLY IS NOT RESPONSIBLE FOR DAMAGED OR LOST PERSONAL ITEMS LEFT WITH PET.**

Client's NAME: _____

PET'S NAME(S): _____

ITEMS LEFT:

_____ Bedding: _____

_____ Toys : _____

_____ Food Bin/Bag/Cans : _____

_____ Treats : _____

_____ Bones : _____

_____ Leash : _____

_____ Collar : _____

_____ Other: _____

MEDS _____

Would you like your dog bathed/trimmed while here? ***Please speak to reception regarding details.*** Please note the DATE/TIME _____ you would like your dog to be ready by.

Would you like us to wash your dog's belongings if they become soiled? YES _____ NO _____

_____ Flea Treatment*

* _____ Initial _____ Date Given _____

Signature of Owner at Check IN

Date

Receptionist Who Checked IN: _____

ACAs Initials Who Checked IN: _____

ACAs Initials Who Checked OUT: _____

I've received everything back on this list: _____



FEEDING INTAKE FORM

The form below is to be filled out by the owner/agent of the dog. All feeds that the dog will need while in the care of K9s Only should be written down with as much detail as possible. Use a second form if necessary.. All feeds will be administered directly according to the information given below.

PET'S NAME: _____ **DATE:** _____

CLIENT'S NAME: _____

1. BRAND OF FOOD: _____

ADMINISTER AT THESE TIMES: (circle all that apply)

Morning Noon Afternoon Evening Night As Needed Other _____

AMOUNT: _____

INSTRUCTIONS: _____

2. BRAND OF FOOD: _____

ADMINISTER AT THESE TIMES: (circle all that apply)

Morning Noon Afternoon Evening Night As Needed Other _____

AMOUNT: _____

INSTRUCTIONS: _____

3. BRAND OF FOOD: _____

ADMINISTER AT THESE TIMES: (circle all that apply)

Morning Noon Afternoon Evening Night As Needed Other _____

AMOUNT: _____

INSTRUCTIONS: _____

Client Signature

Receptionist



MEDICATION INTAKE FORM

The form below is to be filled out by the owner/agent of the dog. All medications that the dog will need while in the care of K9s Only should be written down with as much detail as possible. Use a second form if necessary. The form(s) will be approved by a manager before any medications are given. All medications will be administered directly according to the information given below. K9s Only is not a veterinarian and cannot be held responsible for mistakes due to misinformation given by the owner/agent.

PET'S NAME: _____ **DATE:** _____

CLIENT'S NAME: _____

1. **MEDICATION TYPE:** Pill/Capsule Liquid Cream Spray Injection Powder

MEDICATION NAME: _____ **Color:** _____ **Pill Count:** _____

ADMINISTER AT THESE TIMES: (circle all that apply)

Morning Noon Afternoon Evening Night As Needed Other _____

DOSAGE: _____ mg/ml/Other: _____

REASON FOR MED: _____

SPECIAL INSTRUCTIONS: How would you like this medication to be administered? (E.G. Pills in wet food or peanut butter): _____

2. **MEDICATION TYPE:** Pill/Capsule Liquid Cream Spray Injection Powder

MEDICATION NAME: _____ **Color:** _____ **Pill Count:** _____

ADMINISTER AT THESE TIMES: (circle all that apply)

Morning Noon Afternoon Evening Night As Needed Other _____

DOSAGE: _____ mg/mL/Other: _____

REASON FOR MED: _____

SPECIAL INSTRUCTIONS: How would you like this medication to be administered? (E.G. Pills in wet food or peanut butter): _____

Client Signature

Receptionist

Manager