



Barkingham Palace



Boarding and Daycare Agreement

This is an agreement between Barkingham Palace and the pet Owner _____ . Following are the terms of service for the stay of the Owner's pet (name) _____ as a boarding or daycare guest of Barkingham Palace.

1. By signing this agreement and leaving your pet with Barkingham Palace, Owner certifies to the accuracy of all information provided in writing or orally about the pet.
2. Owner specifically represents that he or she is the sole owner of the pet, free and clear of all liens and encumbrances.
3. Owner represents that the pet has not been exposed to any contagious diseases within a 30 day period prior to check-in.
4. Owner agrees that if any fleas or ticks are discovered on the pet during check in or at any time during the pet's stay Barkingham Palace will administer a flea bath at the owner's expense. Barkingham Palace will administer (for a fee) a spot flea and/or tick treatment to all pets checking in.
5. Barkingham Palace makes every effort to ensure that pets staying with us are healthy by requiring current vaccination records. Owner acknowledges and is aware the vaccines do not protect against all communicable diseases that may affect a pet. Owner acknowledges that they are assuming all risk of illness, disease, harm or otherwise to their pet by allowing them to stay at Barkingham Palace.
6. Owner agrees to be solely responsible for any and all acts or behavior of their pet while in Barkingham Palace, to include payment of costs for injury to staff, other animals or damage to the facility caused by the pet.

7. Owner understands that pets will participate in playgroups where dogs will interact and co-mingle. Owner further understands that pets, by nature, are unpredictable and owner acknowledges and understands that there are certain risks including but not limited to dog fights, bites and transmission of disease.
8. In an emergency, Barkingham Palace will attempt to contact the pet's personal veterinarian as well as the emergency contact provided by owner; however, such an emergency may not provide the time to do so. Owner authorizes Barkingham Palace to obtain medical attention for the pet from a qualified veterinarian and to transport the pet to and from the veterinarian when Barkingham Palace deems such medical care is important to the pet's health. Owner grants Barkingham Palace full power of decision making involving the medical treatment of pet and agrees to pay for all costs.
9. Owner agrees to pay the service rate on the date the pet is checked in and to pay for any additional services when owner picks up the pet.
10. Owner agrees that all reservations must be cancelled at least 24 hours prior to check-in or owner will be charged one nights stay. During peak or holiday time if a reservation is not cancelled at least one week prior to check-in owner will be charged three nights stay.
11. This Agreement contains the entire agreement between the parties. All terms and conditions of the agreement shall be binding on the heirs, administrators, personal representatives and assignees of the Owner and Barkingham Palace.
12. With my signature below I acknowledge that I have read and understood all of the terms of this agreement. I further understand that Barkingham Palace has the right to deny admittance of any pet for any reason at any time.

Signature

Date

Barkingham Palace Guest Registration

Name: _____
Address: _____ City _____ Zip _____
Home Phone: _____ Work: _____ Cell: _____
Drivers License Number: _____ Email: _____
Credit Card Number Required For Vet Emergency: _____
Exp. Date: _____

LOCAL EMERGENCY NUMBER

Name: _____ Phone: _____
Is authorized to make emergency decisions on my behalf if I cannot be reached.
Initial _____

Guest #1

Name: _____ Breed: _____
Species: Dog Cat Age: _____ Sex: M F Spayed/ Neutered: Yes No
Feeding Instructions: AM Only PM Only AM/PM Amount _____
Any Medications, Allergies or other health issues? _____

Guest #2

Name: _____ Breed: _____
Species: Dog Cat Age: _____ Sex: M F Spayed/ Neutered: Yes No
Feeding Instructions: AM Only PM Only AM/PM Amount _____
Any Medications, Allergies or other health issues? _____

Has your pet suffered from any illness in the last 30 days? Yes No

If yes please explain _____

Do you consider your pet social with other pets? Yes No

Has your pet ever bitten a person? Yes No

Has your pet ever boarded at a kennel before? Yes No If yes, was there any problems?

Does your pet suffer from separation anxiety? Yes No

Is there any place your pet does not like to be touched or petted? Yes No

Is your pet possessive of toys, food or other objects? Yes No

Has your dog ever played off the leash with other dogs? Yes No

How does your pet get along with other pets?

Does your pet like to be brushed? Yes No

Has your dog ever jumped or climbed over a fence? Yes No

When was the last time your pet was examined by your veterinarian?

Does your pet have any physical limitations we should know about?

Required Vaccinations:

Rabies, Distemper, Parvo, (Every 12 months) Bordatella every 6 or 12 months,
Flea Preventative _____

Proof may be faxed to 561- 243-4850

**PROOF OF VACCINATION RECORD FROM VETERINARIAN ARE
REQUIRED
THERE ARE NO EXECPTIONS!**

I certify that the information contained in this registration form is true and accurate. I understand that Barkingham Palace has the right to refuse daycare, boarding or any other services at anytime if any of the above information is found to be untrue or if my pet exhibits any signs of aggression towards any person or other animal.

Signature: _____ **Date:** _____