



Gilbert Dogs New Client Contract

You must be 18 years of age or older to complete this form

Boarding/Daycare/Grooming Contract

I, _____, hereby certify that my dog(s): _____ is/are in good health and has/have not been ill with any communicable conditions in the last 7 days. I further certify that my dog(s) has/have not harmed or shown aggressive or threatening behavior towards any person or any other dog. I have read and understand the following:

1. I understand that I am solely responsible for any harm caused by my dog(s) while my dog(s) is/are attending Gilbert Dogs 24/7.
2. I further understand and agree that in admitting my dog(s) to Gilbert Dogs 24/7, the Gilbert Dogs 24/7 staff have relied on my representation that my dog(s) is/are in good health and has/have not harmed or shown aggressive or threatening behavior towards any person or any other dog.
3. I further understand and agree that Gilbert Dogs 24/7 and their staff and volunteers, will not be liable for any problems that develop, provided reasonable care and precautions are followed, and I hereby release them of any liability of any kind whatsoever arising from my dog's attendance and participation at Gilbert Dogs 24/7.
4. I further understand and agree that dogs can sometimes receive minor cuts and scratches at daycare and any problems that develop with my dog(s) will be treated as deemed best by staff and volunteers of Gilbert Dogs 24/7, at their sole discretion, and that I assume full financial responsibility for any all expenses involved.

Emergency Veterinarian Care:

- ✓ Should your pet require emergency medical attention while being boarded, your pet will be treated at Family Vet Care or the closest emergency room. You are responsible for all medical fees incurred, as well as a \$15 transportation charge. **Client Initial** _____
- ✓ I understand that Gilbert Dogs 24/7 will try to contact the necessary people before taking your dog to a Vet professional. Gilbert Dogs 24/7 will exercise the option to proceed if no one is available for approval and you I (the client) will incur the cost of the vet services, the cost of which the undersigned agrees to reimburse Gilbert Dogs 24/7 at the time of pick-up. **Client Initial** _____
- ✓ If Gilbert Dogs 24/7 discovers that your dog is not up to date with shots, or has never had all their shots, we reserve the right to take your dog(s) to the vet of our choice and have your dog's shots updated at your expense plus the transportation fee. Dogs showing infestation of fleas and ticks will be shampooed and treated at owner's expense. We make every effort to maintain a flea/tick free environment; however, we cannot be responsible for occasional occurrences. **Client Initial** _____
- ✓ If I am unable to pick up my dog for any reason, agree to contact Gilbert Dogs 24/7 immediately, and agree to pay any/all additional fees incurred. **Client Initial** _____

Grooming Contract Info

1. Owner agrees to pay the current rate for the groom on the day of arrival.
2. Owner further agrees to pay all costs and charges for special services requested.
3. Owner further agrees that the dog shall not leave the facility until all charges are paid to Salon by owner.
4. By signing this contract and leaving the dog with the Salon, owner certifies to the accuracy of all information given about the dog.
5. Owner specifically represents that he or she is the sole owner of the dog.
6. Owner specifically represents to Salon that the dog has not been exposed to rabies, distemper, parvo virus, bordetella or other contagious diseases within a thirty day period prior to arrival.

Payment Policy

First time clients, we require full payment at the time of drop off. I agree to pay any additional costs and attorney fees necessary for the collection of any amount not paid when due.



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Client Info (the owner)

Client First Name _____ Last Name _____

Spouse First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Main Phone Number _____ Back-up Number _____

Email address _____

Emergency Contact info Name _____ Number _____

How did you hear about us? _____

Dog Info

Name _____

Breed _____ Color _____

Age _____ Birthday _____ Sex _____ Spay/Neuter? Yes or No

Feeding Schedule

Brand of Food _____

AM Feeding Quantity and Instructions _____

PM Feeding Quantity and Instructions _____

Any special medications, treatments, allergies or other health issues? (e.g. hip dysphasia, hotspots)

Any medications? _____

How much, and is it a pill, liquid or shot form? _____

- ✓ Please keep all medications in their original vet administered containers with instructions.

Is your dog a diabetic? Yes or No What is the frequency of the insulin shots? _____



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Vaccines

We require current, vet administered vaccines listed below.

1. Rabies
2. Parvo/Distemper
3. Bordatella (kennel cough)

Flea & Tick Treatment

All dogs must receive a flea and tick treatment upon arrival unless they are on a monthly treatment (Frontline, Advantix, etc.) This is for the protection of all our guests. Gilbert Dogs' uses Frontline and it is \$15 per dog.

I have read the above information and understand the payment policy and infectious disease/parasite policy. I am the owner or authorized agent for this dog. I have the right to make medical and financial decisions for this/these dog(s).

Print Name _____ Date _____

Signature _____