

Boarding ApplicationEmergency Contact Information

Guardian's/Owner's Name_					
Address		City		State Zip)
Home Phone # ()	Work# (_)	Cell # (_)	
E-Mail Address					
Dog's Name Breed		Birth Date/	/ Color _		
Breed	🌋 Male 📽 Female 📽	Neutered/Spayed	Functional W		
Have you ever used Doggy Da	ny/Overnight Boardin	ng services?		\times Yes	\textstyle No
Please list					
EMERGENCY CONTACT NA Name:			tionshin		
Home Phone # ()					
This Person is authorized to D					
This I cison is authorized to D	top off and/of fick	op wy bog(s)			
CANINE BEHAVIOR QUE	STIONS: (Please an	swer the following q	uestions as accu	rately as possible	.)
					414.5 *
Is there any PERSON, type of				with? Yes	≈ No
Please describe					
How long have you had your l	=				
Where did you get your Dog?					
Has your Dog ever growled at					
If yes, what were the circumst				10, 37	190x T
Can you take a food item away	•	0 0		\ Yes	≈ No
Does your dog have any allerg	gies or any other con-	ditions?		\ Yes	≈ No
Is your dog leash trained?	, 1 1 1 1 /	1 DOEG NOT 1'1	. 1 . 1 11	Yes	₩ No
Are there any areas on your do				by numans?	es Ano
If yes, please describe? Is there anything that we shou				☆ Yes	№ No
Does your dog demonstrate sy					
scratching?) 2 Yes 2 No P	=	_	wher (i.e. chew	ring, barking, and	1
scratching:) = 1es = No F	lease Describe				
If YOUR DOG WILL BE U	SING THE DAYC	ARE FACILITY D	IIRING THIS	VISIT · (Please a	newer th
following questions as accurate		RETACIEITI D	cking imp	VISII. (I lease a	mswer th
ionowing questions as accurate	ly us possible.				
Has your dog ever socialized v	with a large group of	dogs? (8 or more)		≇ Yes	₩ No
Has your dog ever played with		•		≱ Yes	₩ No
Are there any restrictions that	=		s?	≇ Yes	₩ No
If yes, what activities?	-	•			
Will your dog readily share to	ve with other dogs?			≵ Yes	₩ No
Has your dog ever jumped a fe				2 Yes	≥ No
rias your dog ever jumped a R	THE OF DAILIEF!			- 1 C2	→ 110

Medications/Vaccinations

Feedings
Payment Information
Signature

VETERINARIAN	1:
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Veterinarian Hospital						
Address	City	City State		teZip		
VACCINATIONS: Guard must be verified and initial	_	_	nary proof of cu	irrent and upda	nted vaccination	ıs: Dates
Rabies	& DHPP	🏖 Influenza		路 Bordetella		
MEDICATIONS: No Yes	(Please list all medicati	ons.)				
Medication		& Morning	Afternoon	E vening	Quantity	
Medication		\times Morning	Afternoon	2 Evening	Quantity	
Medication		M orning	Afternoon	E vening	Quantity	
FEEDINGS: Client Provident	led – Brand Name			_ House Food	l - \$5.00 per da	ıy extra
Morning Quantity Special Instructions						
♣Please Describe Special	Diets and Allergies					
METHOD OF PAYMEN during your pet's stay (i.e boarding payments. READ CAREFULLY. TH LEGAL RIGHTS AND D PARTIES. DO NOT SIG THE ADVICE OF LEGA	T: Payment in full will c. grooming, house food HIS AGREEMENT IN DEPRIVES YOU OF T N THIS AGREEMEN	be provided and the damages, etc CLUDES A RICHE RIGHT TO UNLESS YO	t time of pick-to.). Personal cho ELEASE OF L D SUE SOUTH OU HAVE REA	up and includecks may not IABILITY A IERN TAILS AD IT IN ITS	es all fees incu be accepted fo ND WAIVER AND RELAT	rred r OF ED
I, the undersigned, hereby a complete and accurate to the agree to all terms and cond Liability, Assumption of R time, which are attached and dog, myself and my heirs, are presentative of the dog subehalf of any other owner of	acknowledge and agree he best of my knowledge itions contained in the Sisk, and Indemnification of fully incorporated into successors, representativabject to this application	that all the inforce. I further acknowledge to the couthern Tails Paragreement (the othis application was and assigns.	mation provide owledge and ag olicies, Procedu e "Agreement" n for reference. I further attest t	d in this Board ree that I have ares and Board b, as they may I hereby exect that if I am not	read, understarting Release, Who be amended from the Agreem the sole owner.	nd and 'aiver of om time to ent for my
Guardian's/Owner's	s Signature	Guardian	's/Owner's Prin	ted Name		Date

RELEASE OF LIABILITYWAIVER OF LEGAL RIGHTS

boa	ease read and initial each of the following statements. In consideration for my dog being permitted to be arded at SOUTHERN TAILS (herein after "ST") for daycare or boarding, I make the following presentations and agree to all of the following policies, procedures, terms and conditions:
1.	FOOD. I understand that my Dog's current diet is best, but if I fail to provide Southern Tails with this food, the house food will be provided at additional cost of \$5 per day . The house food will be Fromm according to my feeding instructions. In the event the I choose alternate food; the full purchased price will be added to fees.
2.	PERSONAL PROPERTY. I may bring clothing, blankets or my dog's favorite toys for their stay. I agree that Southern Tails shall not be responsible or liable for any lost, stolen or damaged personal property belonging either to me or my dog. (Please note that personal items must be clearly labeled with permanent marker)
3.	COLLARS AND LEASHES . My dog will be harnessed when they enter Southern Tails. I also understand and agree that my dog's collar may be removed in the play/boarding area to prevent injury to self or other dogs.
4.	AGGRESSIVE DOGS. My dog is not aggressive. Southern Tails loves dogs but cannot accept aggressive dogs. If my dog behaves aggressively or demonstrates unacceptable behavior he/she will be separated from the other dogs. We will use reasonable efforts to consult Guardians/Parents about aggression and ways to address it, however aggressive dogs may be asked not to return to SOUTHERN TAILS. This policy is the sole discretion of Southern Tails management. Sign Here
5.	PHOTO RELEASE. I agree to allow SOUTHERN TAILS employees to use my dog's name and any photographs taken while at Southern Tails Boarding or Daycare facility, for marketing or advertisement purposes. I agree that this provision shall be binding on me and all of my successors, heirs, legal representatives and assigns. This will also apply to (Future Option) Southern Tails Daycare CAM, where I may observe my DOG playing with other daycare Dogs by logging onto www.pearlandbardway.com and clicking on the Daycare Play Tab.
6.	FEES. Southern Tails Boarding/Daycare FEES. I agree to pay for all fees, services and products with a credit card, or by cash at the time I pick up my DOG after each visit to SOUTHERN TAILS. I further agree to pay the cost of any debit charges returned or challenges for to any reason.
7.	CANCELLATION POLICY. I understand that I will be charged for a full day of day BOARDING, if I fail to cancel my reservation twenty four (48) hours in advance or do not pick up my dog by 6:30 PM. A \$50.00 deposit will be charged to this credit card to hold my reservation during peak times. Name on Card:
	Card Number: Exp Date: CVV: Zip:
8.	ABANDONED DOGS . Southern Tails will provide a safe and fun environment for your DOG. No dog may be abandoned at SOUTHERN TAILS. I agree that I will not neglect to pick up my DOG from boarding or daycare by the time he/she is scheduled to leave without providing notification. Any DOG that is left at ST without any contact,

I understand that if I abandon my DOG, SOUTHERN TAILS will, by default, become the legal owner and guardian of the dog. ST will, in its sole discretion, determine whether to try to rehome and adopt the dog or will relinquish to the Pearland Animal Shelter. I FULLY UNDERSTAND AND AGREE THAT IF I ABANDON MY DOG AT SOUTHERN TAILS, I MAY BE UNABLE TO RETRIEVE POSSESSION OF MY DOG AND WILL HAVE NO RECOURSE AGAINST SOUTHERN TAILS AS PROVIDED FOR BELOW.

instruction or notification from me, or the ability, willingness or plans to pick him/her up by myself or my personal

representative or agent, will be considered abandoned.

9.	 DAMAGE. If my dog causes any damage to the staff, of for the full cost of any vet/medical bills repair or replacement 		
10.	 DUTY TO DISCLOSE. I have disclosed and shall control conditions, including but not limited to personality concerns or participate in play time or otherwise attend ST boarding facility 	behaviors that may affect, limit or prevent my dog's abil	
11.	11 DAYCARE PARTICIPATION. I understand that partition that my dog may be separated from other dogs or asked to leave		Tails and
12.	12ACCEPTANCE AND ACKNOWLEDGEMENT OF UNDERSTAND THAT: (a) THERE ARE INHERENT AND F BETWEEN HUMANS AND DOGS, AS WELL AS BETWEE PROPERTY DAMAGE OR BODILY INJURY, INCLUDING SICKNESS OR DEATH TO HUMAN OR DOG; AND (b) TH READILY FORESEEABLE AT THIS TIME (COLLECTIVED AND RESPONSIBILITY FOR ALL RISKS, INCLUDING, W DAMAGES INCURRED AS A RESULT OF MY OR MY DO INCLUDING ANY VETERINARIAN EXPENSES INCURRED DEFINED TO INCLUDE ANY ILLNESS INCLUDING BUT ANY OTHER FORM OF CONTAGIOUS ILLNESS.	OTENTIAL RISKS INVOLVED WITH INTERACTION DOGS AND OTHER DOGS, WHICH MAY RESULT BUT NOT LIMITED TO, PERMANENT DISABILITY ERE MAY BE OTHER RISKS NOT KNOWN TO ME LY, "RISKS"). I FULLY ACCEPT AND ASSUME ALI ITHOUT LIMITATION, ALL LOSSES, COSTS AND G'S PARTICIPATION IN BOARDING OR DAYCARED ON BEHALF OF MY DOG. SICKNESS SHALL BE	T IN Z, NOR L RISKS
13.	13 VETERINARIAN LIABILITY AND CARE. I agree to in its sole discretion it appears that, he/she is ill, injured or exhibit may need immediate medical treatment. If a dog passes away we will add to a solution of the cost of the co	bits any other behavior that would reasonably suggest that hile boarding, it will be brought to its or the nearest vete TOF ANY SUCH MEDICAL TREATMENT, AND FO	at my Dog erinarian. I
14.	14 WAIVER, RELEASE AND INDEMNIFICATION. I WAIVE, DISCHARGE CLAIMS, INDEMNIFY, RELEASI DEFEND AND COVENANT NOT TO USE SOUTHERN T employees, volunteers, lessors, and any parties owning, control taking place, and all other representatives or agents (the "Release CLAIMS, LITIGATION, ACTIONS, SUITS, COSTS, LOSSE reasonable attorney's fees) OF EVERY CHARACTER WHAT in any way to any act or omission of the Releases', including ne SOUTHERN TAILS, or otherwise.	E FROM LIABILITY, SAVE, HOLD HARMLESS A FAILS and their invitees, sponsors, advertisers, owners, oling or having any interest in the property at which the cases") from and against ANY AND ALL INJURY, LIABS, DAMAGES, EXPENSES OR DEMANDS (including SOEVER on account of, arising out of, resulting from or	officers, are is SILITY,
15.	15I FURTHER AGREE TO INDEMNIFY, SAVE AND actions, suits, damages, costs, attorney's fees, losses or injuries SHALL BE BINDING ON ME AND MY SUCCESSORS, HE EXPRESSLY AND FOREVER RELEASE SOUTHERN TAIL FROM INJURY OF ANY KIND AND AGREE THAT EVEN PRECAUTIONS, SUCH ACTIONS SHALL NOT ALTER TH FROM ANY DUTY TO PROTECT ME OR MY DOG(S).	as the result of any such claim. I AGREE THAT THIS FIRS, LEGAL REPRESENTATIVES AND ASSIGNS. I SEE SEE SEE OF THE OR MY DOOS IF SOUTHERN TAILS CHOOSES TO IMPLEMENT SEE	RELEASE ALSO G(S) SAFETY
PRO AG SIG GU GR INV AN	I HAVE READ AND FULLY UNDERSTAND THE TERMS OF TO PROCEDURES AND DOG'S RELEASE, WAIVER OF LIABILITY AGREEMENT" (THE "AGREEMENT") AND UNDERSTAND TO SIGNING IT AND HAVE SIGNED IT FREELY AND VOLUNTAGUARANTEE AND INTEND IT TO BE A COMPLETE AND UNGREATEST EXTENT PERMITTED BY LAW AND AGREE THAT INVALID OR UNENFORCEABLE, THAT THE REMAINDER OF AND EFFECT. I AGREE THAT IT IS INTENDED THAT ALL TO PARTICULAR STATUTE OR LAW THAT WOULD OTHERWIS	Y, ASSUMPTION OF RISK AND INDEMNITY HAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY RILY WITHOUT ANY INDUCEMENT, ASSURANCE ICONDITIONAL RELEASE OF ALL LIABILITY TO TAIT IF ANY PORTION OF THIS AGREEMENT IS HELE F THIS AGREEMENT SHALL REMAIN IN FULL FOERMS OF THIS AGREEMENT CONTROL DESPITE A	E OR THE LD TO BE ORCE
	Guardian's/Owner's Signature Guar	rdian's/Owner's Printed Name	Date