

# Woof Pack Pet Services

2020 Boarding/Daycare Contract

Owner  
Initial Here

**Business Hours:**

Monday-Saturday 7am-6pm (Closed 12pm-1pm).

Optional Sunday Pickup and Drop off

2pm – 4pm (Sunday pick-ups will still incur boarding charge for Sunday night.)

**Daycare Drop-off/Pick-up:**

Monday through Friday. Drop-off: 7am-9am. Pick-up: 4pm-6pm

**Boarding Drop-off/Pick-up:**

Boarding drop off will be pre-determined by pet owner and Woof Pack staff member.

Pets must be picked up before 9am on day of check-out. Pick up after 9am will incur \$15 late pick-up fee to be paid at time of pick-up.

**Holidays:**

**Closed for Pick Up and Drop Off:**

**New Year’s Eve, New Year’s Day, Christmas Eve, Christmas Day, July 4th, Easter and Thanksgiving.**

**Payments:**

**Boarding** deposit payments must be made at time of booking. **Daycare** packages must be purchased prior to scheduled daycare reservations. Daycare reservations dates must be pre-determined.

**Cancellation Policy:**

Boarding cancellations must be within 72 hours of reservation in order to receive a full refund. Daycare cancellations must be within 24 hours to receive a full refund. Transfer of payments is not allowed unless it is prior to cancellation period. **\*Please note that reservations during peak periods are NON-refundable. Peak times include Spring Break, Easter, Mother’s Day/App State Graduation, 4<sup>th</sup> of July, Thanksgiving, and Christmas\***

*\*I have read and understand all of the above policies for boarding and daycare at Woof Pack Pet Services.*

Client Signature: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Pet Information

### Contact Information:

Owner Name: \_\_\_\_\_ Pet Name(s): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Veterinarian: \_\_\_\_\_

Address \_\_\_\_\_ Pet'(s) Birthday(s) \_\_\_\_\_

\_\_\_\_\_

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Is your pet spayed or neutered? Yes / No

Does your pet have any allergies? Yes/No \_\_\_\_\_

Feeding Instructions: \_\_\_\_\_

Medication Instructions: \_\_\_\_\_

What items can be left in your pets room? \_\_\_\_\_

Other important information about pet:

\_\_\_\_\_  
\_\_\_\_\_

Is your dog able to **socialize** with others? **Yes/No**

*By checking Yes, I acknowledge my dog **will** be allowed to play with other dogs in a supervised situation. If my dog shows any signs of aggression towards other dogs, they will be removed from the group and not allowed to socialize with others for the remainder of their stay.*

*By checking No, I acknowledge that my dog **will not** be allowed to socialize with others and will only be taken outside by themselves.*

Client Signature: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_