

**Tyger River Pet Resort LLC**

Dog Boarding Contract  
551 S Spencer Street  
Duncan SC 29334  
(864)-641-5199

Pet's Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

Check-in Date \_\_\_\_\_ Check-out Date \_\_\_\_\_

**NOTE: Check-in/Check-out Times are by appointment only. If you will not be able to arrive at the scheduled time, please let us know in advance to re-schedule. Saturday checks-outs by 3pm. Sorry, no Sunday check-ins or check-outs.**

Weekdays check out by 1pm to avoid boarding charges for that day. During July 4th week, November and December these times will be flexible.

**DOGS MUST BE LEASHED COMING AND LEAVING, FOR THE SAFETY OF YOUR PET.**

Pet Owner's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Cell Phone Numbers with Area Code \_\_\_\_\_

Emergency contact and phone # if we cannot reach you \_\_\_\_\_

E-Mail address \_\_\_\_\_

\_\_\_\_\_ (initial and date)

**VETERINARY CHECKLIST**- A printout or letter from your veterinarian is required showing your pet's medical records for the past year. This document must show dates of the following.

- \* **Current Bordetella Vaccination (Kennel Cough)** within the past 6 months)
- \* **Current DHLPP or DHPP or DAPPV Vaccination** (one exception please ask)
- \* **Current Heartworm**
- \* **Current Rabies vaccination 1 year or 3 years**
- \* **Current on Flea and Tick Prevention**

Pet's Veterinarian \_\_\_\_\_ Phone Number \_\_\_\_\_

Breed \_\_\_\_\_ Dog's weight \_\_\_\_\_

Spayed or Neutered \_\_\_ Yes \_\_\_ No      Microchipped \_\_\_ Yes \_\_\_ No

Bite History \_\_\_ Yes \_\_\_ No if yes why \_\_\_\_\_

Is Pet(s) currently on medications \_\_\_ Yes \_\_\_ No if yes what and full instructions \_\_\_\_\_

Separation anxiety \_\_\_ Yes \_\_\_ No

Afraid of fireworks/gun fire \_\_\_ Yes \_\_\_ No

Afraid of storms \_\_\_ Yes \_\_\_ No

Dog aggression \_\_\_ Yes \_\_\_ No

Food aggression \_\_\_ Yes \_\_\_ No

People aggression \_\_\_ Yes \_\_\_ No

Fence jumper \_\_\_ Yes \_\_\_ No

Potty Trained \_\_\_ Yes \_\_\_ No

Dig's under fence or climb's \_\_\_ Yes \_\_\_ No

Food allergies \_\_\_ Yes \_\_\_ No

If yes to any, please explain or any other instructions \_\_\_\_\_

\_\_\_\_\_(initial and date)

1. Boarding Facility agrees to exercise due and reasonable care to keep its premises sanitary and properly enclosed.
2. Client understands and accepts that there is a known presence of fire ants on property we treat to keep out of exercise area.
3. Client agrees to pay the rate for boarding on the date owner's pet(s) is checked out by facility. Client further agrees to pay all costs and charges for veterinary and transportation costs for the pet(s) \$30.00 during the time said pet(s) is in the care of the boarding facility.
4. Boarding Facility shall exercise all precautions against sickness, injury, escape, accidents or death of Clients pet(s).
5. Client agrees to pick up said pet(s) on scheduled day, or will be considered abandonment, therefore; Boarding Facility will deal with pet(s) as needed.
6. Client represents that she/he is the sole owner of the listed pet(s) in this agreement.
7. Client is charged for their date of arrival, regardless of what time they check-in.
8. Upon approval reservations will only be confirmed upon receipt of a completed and signed boarding agreement and the required veterinary records.
9. **No boarding of females that are in heat, coming in/out or pregnant.**
10. This agreement contains the entire agreement between the parties and all terms and conditions will be in effect for this and all future boardings. Any changes to this contract must be agreed to in writing by both parties.
11. Client agrees to notify Boarding Facility of any concerns within 24 hours of service
12. Client authorizes the use of pet(s) pictures on social media, marketing materials for promotional purposes, Pictures will not list Clients's name \_\_\_\_\_Initials.
13. No one is allowed to remove pet(s) from Boarding Facility unless Client has given permission and will not change the amount due to Boarding Facility.
14. Any signs of fleas or ticks will be treated and Client will owe for the treatment.
15. Boarding Facility reserves the right to refuse service to any Client, at any time, for any reason.
16. I have read the above terms and conditions. I know, understand and agree to all terms stated. By signing below, I am accepting this document as a contractual agreement.
17. Payment is due at pick up and any additional fees will be due at date at time of pick up.

Payment methods accepted: Cash, Zelle, Cash App, Venmo, paypal

**BOARDING RATES:**

\$30.00 per night per dog

\$10.00 extra per night shared kennel only 2 dogs can share a kennel (must be friendly)

\$15.00 per extra dog different kennel

\$18.00 per day dog day care **only social dogs allowed in play groups**

**EXTRA SERVICES:**

\$ 4.00 small \_\_\_\_\_ \$5.00 medium \_\_\_\_\_ \$6.00 large \_\_\_\_\_ Stuffed Kong

\$ 4.00 \_\_\_\_\_ lick mat

\$ 4.00 \_\_\_\_\_ sniff/interactive play1040paytax.com mat

\$45.00 \_\_\_\_\_ de-matting

**COMPLEMENTARY SERVICES:**

Brushing only NO de-matting \_\_\_\_\_

Treats noon time/bed time \_\_\_\_\_

Play group time **ONLY SOCIAL DOGS ALLOWED** \_\_\_\_\_

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Client's Signature/Date

\_\_\_\_\_  
Gwen Stout/Owner/Date

# VETERINARIAN RELEASE FORM

I, the owner of the named pet(s), request that should an injury or illness occur to my pet(s) that requires veterinary care during my absence, I authorize the Boarding Facility to act as my agent in procuring veterinary care, with fees not to exceed \$\_\_\_\_\_. I agree to pay the fees for such professional veterinary services by phone to the veterinarian office or if cannot be reached, to the Boarding Facility upon pick-up.

The phone number where we can reach you or emergency person:

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Name

Phone Number

I hereby authorize Gwen Stout, to seek veterinary services for the facility listed below in order to provide medical or surgical services my consent. \_\_\_\_ **I DO:** \_\_\_\_ **I DO NOT: (please initial one)** authorize intensive medical care efforts for my pet(s).

\_\_\_\_ **I have:** \_\_\_\_ **I have not: (please initial one)** contacted my pets veterinarian and, therefore, he/she is \_\_\_\_ **aware:** \_\_\_\_ **unaware: (please initial one)** that I will be absent and that Gwen Stout may seek veterinary services in my absence. The veterinary practice of my choice is:

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**Please Print Name**

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**Please Print Address**

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**Phone Number**

In the event the attending veterinarian determines that my pet is suffering and/or is incurably injured. I give my \_\_\_\_\_ **CONSENT:** \_\_\_\_\_ **DO NOT GIVE MY CONSENT (please initial one)** for euthanasia.

I request the body be \_\_\_\_\_ **RETAINED UNTIL I RETURN:** \_\_\_\_\_ **BE INDIVIDUALLY CREMATED:** \_\_\_\_\_ **BE COMMUNALLY CREMATED: (please initial on)** and I agree to pay the fees for such services.

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Pet(s) Name

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Signature of Owner

Date

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Gwen Stout

Date