

Tyger River Pet Resort LLC
Dog Boarding Contract 2025
551 S Spencer Street
Duncan SC 29334
(864)-804-2885

Pet's Name _____ Gender _____ Age _____

NOTE: Check-in/Check-out Times are by appointment only from 8am-10am and 3pm-5pm Monday thru Friday . Saturday check-ins and check-outs 8am-3pm. Sorry, no Sunday check-ins or check-outs. If you will not be able to arrive at the scheduled time, please let us know in advance to re-schedule.

***** 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 1 year or 6 months not expired**
- * **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**

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: _____

Please supply pill pockets, cheese slices or Peanut Butter. I will not put the pill down their mouth.

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

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

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.

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).

The veterinary practice of my choice is:

Please Print Name of Veterinarian Office

Please Print Address Veterinarian Office

Phone Number Veterinarian Office

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.

Signature of Owner

Date

Gwen Stout

Date

BOARDING RATES:

Boarding rates are published on our web page, <https://www.tygerriverpetresort.com/services-7> with the most current rates listed. We will do our best to keep the page updated. We will also do our best to only do increases, if needed, on a yearly basis.

Note:

Rates are subject to change at any time without notice.

ENHANCEMENTS:

We offer an assortment of enhancement activities. If you would like any of the following please ask at the time of scheduling your appointment. Rates are listed on our web page.

Lick mats, Kongs, Interactive mats, Enrichment activities, and Special events

COMPLEMENTARY SERVICES:

Please initial if you would like your dog to be included in the following.

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