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

Pet's Name_____ Gender_____ DOB_____

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 Number(s)_____

Emergency person and phone # if we cannot reach you_____

E-Mail address_____

How did you hear about us_____

_____ (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 Rabies vaccination 1 year or 3 years**
* **Current Bordetella Vaccination 1 year or 6 months not expired**
* **Current DHPP or DHLPP or DAPPV Vaccination** (one exception please ask)
* **Current Heart-worm**
* **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. We will not put the pill down their mouth.**

Separation anxiety ____Yes ____No

Afraid of fireworks/storms ____Yes ____No

Flight risk____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. Client authorizes the use of pet(s) pictures on social media, marketing materials for promotional purposes, Pictures will not list Clients's name _____Initials.

2. Upon approval reservations will only be confirmed upon receipt of a completed and signed boarding agreement and the required veterinary records.

3. Client understands and accepts that there is a known presence of fire ants on property, we treat to keep out of exercise area.

4. 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.

5. Boarding Facility shall exercise all precautions against sickness, injury, escape, accidents or death of Clients pet(s).

6. 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.

7. Client represents that she/he is the sole owner of the listed pet(s) in this agreement.

8. Client is charged for their date of arrival, regardless of what time they check-in.

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. Boarding Facility agrees to exercise due and reasonable care to keep its premises sanitary and properly enclosed.

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 (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

Reservation changes must be requested at least 72 hours before the scheduled reservation date. Requests made with less than 72 hours' notice may not be accommodated and may be subject to the original reservation charges.

BOARDING RATES:

$35.00 per night 1 dog

$17.00 per extra dog(s) SAME OWNER

$45.00 per night puppies 1 year and under

AFTERNOON PICK UPS 3-5PM INCURS AN ADDITIONAL FULL RATE

ENHANCEMENTS:

Stuff Kong/Pupsicles: small $4.00_____ Medium $5.00_____ Large $6.00_____

Lick Mat $4.00_____

Snuffle Mat $4.00_____

Enrichment Activities $15.00_____

COMPLEMENTARY SERVICES:

Treats noon time/bed time _____

Play group time **ONLY SOCIAL DOGS ALLOWED** _____

_____
Name (please print)

_____ _____
Client's Signature/Date Gwen Stout/Owner/Date