

BERGEN BARK INN OFFICIAL CONTRACT (2019)

This is a contract between the Bergen BARK Inn (Kennel) and the pet Owner (Owner) whose signature appears on page four (4) of this document regarding boarding and the care of their pet(s).



Owner and Pet Information

It is the Owner's responsibility to make sure the contact information the Kennel has is correct, and that the emergency contact is aware of their responsibility before each visit. If there are any changes in the contact information the Kennel must be informed before or on the date of drop off.

Owner has read and understands all of the requirements for Owner and Pet Information. → _____

Drop Off and Pick Up

Owner agrees to pay for boarding the day of pick up for the entire stay. Charges begin on the day the pet is dropped off because that space has been reserved for the day. Owner understands that Kennel reserves the right to refuse any pet(s) coming in that don't meet our boarding criteria including up to date vaccines, health issues, medical issues, or other infractions against company policy. The required drop off time is 5:00 PM or earlier unless prior arrangements have been made. For any late or early check-in or check-out, there is a \$15 fee that will be added to the total of the stay.

Early Check-in and Check-out

- Before 8:00 AM Monday to Saturday (as early as 7:00 AM)
- Before 10:00 AM on Sunday (as early as 9:00 AM)

Late Check-in and Check-out

- After 5:00 PM Monday to Friday (as late as 6:00 PM)
- **NO PICKUP** after 5:00 PM Saturday or Sunday

If you pick up **BY NOON** on the pick up date you will not be charged for the pick up day. If you pick up after noon, please know there will be an additional day charge. In the event you need to extend the stay (if space is available) the additional cost will be charged at the time of pick up.

Owner has read and understands all of the requirements for drop off and pick of pet(s). → _____

Vaccinations, Medical History, & Illness

All dogs and cats checked into the facility must be current on the following vaccinations:

DOGS:

- Rabies (1-3 years based on veterinary record)
- DHPP combo (1-3 years based on veterinary record)
- Bordetella (6 months required for Kenneling/Daycare even if veterinary record states longer)
- Canine Influenza (Both H3N2 and H3N8 required, must have both the initial shot AND booster, then yearly vaccine)

CATS:

- FVRCP combo (1-3 years based on veterinary record)
- Rabies (1-3 years based on veterinary record)

The Owner agrees that all vaccines are up to date at the time of boarding drop off. Kennel has the right to turn away any pet that does not meet the above criteria for valid vaccinations. Kennel will accept VALID vaccine exemption forms if they a) are for VALID medical reasons and b) have been signed by a licensed veterinarian. The Owner agrees that the pet has not been exposed to any contagious illness or conditions within 30 days prior to the pet's scheduled visit. This includes any vaccination preventable illness and parasites. The Owner also agrees that their pet currently has no illness or behavior issues (including aggressive and vicious behavior) that has not been disclosed to us. The Owner has disclosed all known medical conditions, medications and surgeries that may or may not affect the health of the pet while in the Kennel's care, including but not limited to, Gastric Dilatation and Volvulus, more commonly known as bloat.

The Kennel no longer accepts animals for overnight boarding with the following conditions:

- Diabetic animals that receive injectable Insulin
- Any animal that is on Chemotherapy medications
- Any illness or disability that the Kennel feels creates a risk to the Owner's pet(s) while in our care
- Any intact males or females over the age of 1 year
- Any cat or dog with any contagious viruses such as herpes, FIV, kennel cough, parvo, etc...

Owner has read and understands all of the requirements for Vaccinations and Medical History → _____

No-Commingle Pets and Meadow Walks

The kennel reserves the right to accept pets that may have medical, behavioral, or physical issues that prevent them from going into our commingled play group. For each pet (or set of pets) that cannot go out into Kennel playgroup, and must be taken out separately, there is a \$15 daily fee. All No-Commingle pets are walked outside of the facility, unless a yard is available. The Kennel has the right to remove a pet from playgroup for any reason including, but not limited to, being a flight risk or fence jumper, having behavioral issues, medical issues, aggression issues, or destruction of property. If Owner's pet(s) are removed from group, the Owner is liable for the additional \$15 a day charge to do their pet(s) independently from group.

Intact pet(s) over the age of six (6) months are NOT ALLOWED in our socialized playgroup. Kennel will take Intact pets UP TO the age of one (1) year, after which time the pet(s) will only be allowed back into facility after being either spayed or neutered. In order to get Owner's pet(s) back into the facility, documentation of the spay or neuter surgery must be provided. All intact pets between the ages of six (6) months and one (1) year are subject to the \$15 fee for exercising their pet(s) independently from group. All Intact pets under the age of six (6) months are allowed to commingle in our socialized playgroup, so long as there is not an intact pet of the opposite gender in group.

In the event that the Owner schedules their pet(s) for a Meadow Walk, the Owner agrees to allow their pet to be walked by a Kennel staff member outside of the facility. The Owner understands that the Kennel is not liable for any damages, injuries, or loss of pet while outside of the facility. The Owner also agrees to indemnify the Kennel from and against all claims, liabilities, suits, actions, damages, losses, costs and expenses (including reasonable attorney's fees and costs) that arise while their pet is out of the Kennel's facility and attended by a staff member.

Owner has read and understands all of the requirements for No-Commingle Pets. → _____

Owner gives Kennel permission to walk no-commingle pet(s) outside of the facility. → _____

Owner gives Kennel permission to walk pet(s) outside of the facility for Meadow Walks. → _____

Medical Care & Liabilities of the Parties

In the event your pet requires medical attention, the Owner will be contacted first. If it is an emergency and the Owner cannot be contacted, the Kennel will then call the emergency contact on file to make any medical decisions. In the event the Owner cannot be reached or the emergency contact does not know what to do, the Kennel shall exercise reasonable care for your pet, up to and including, veterinary care outside of the facility. It is agreed by the Owner that the Kennel does not hold ANY liability of cost. It is also agreed by Owner that the Kennel shall have no financial responsibility if cared for by any veterinarian.

The Kennel is not liable for any damages or costs related to injury or death while the pet is in our care. The Owner accepts sole responsibility for any injuries or damages that may occur in the facility and waives all liability from the Kennel and other potential third parties (including but not limited to, our parent corporation (NVA), other clients and their animals in our care). Owner also agrees to indemnify the Kennel from and against all claims, liabilities, suits, actions, damages, losses, costs and expenses (including reasonable attorney's fees and costs) that arise out of, or which are related to, damages and injuries sustained by your pet(s).

Owner has read and understands all of the requirements for Medical Care and Liabilities → _____

Medication

The Kennel will administer medications as prescribed by the veterinarian or as stated by the Owner. If the Owner administers medication in a way that is different than prescribed, we must have signed permission to medicate. If the owner is using any medication to sedate their pet while in the care of the Kennel, Kennel will need a valid prescription from a veterinarian and a signature permitting us to sedate the pet(s). Sedatives include, but are not limited to, Benadryl (if given for the purpose of sedation and not allergies), CBD, Melatonin, Diazepam, and Acepromazine. Owner must also give separate permission for Kennel to be able to administer medications not listed for use on pet animals, such as, but not limited to, Benadryl, Aspirin, Pepcid, etc.

The Kennel staff can administer medication as directed by a veterinarian. → _____

The Kennel staff can administer sedatives as prescribed by a veterinarian. → _____

The Kennel staff can administer medications per Owner that differ from the prescription bottle. → _____

The Kennel staff can administer medications not listed for use on pet animals. → _____

I agree to the above medication clauses and give permission for the staff to medicate my pet(s) as directed by Owner or veterinarian.

Printed Name of

Owner: _____

Signature of Owner: _____ **Date:** _____

Holiday Deposits, Cancellations, and No Show Policy

The Owner must notify the Kennel of cancellations three (3) days prior to drop off date during regular season, seven (7) days prior to drop off date during the summer, and twenty-one (21) days prior to drop off date for all major holiday periods. If the reservation is not cancelled within the allotted time frame, the Owner agrees to pay for the ENTIRE reservation if that reserved space CANNOT be filled. If the Owner does not call to cancel and

does not show for the reservation, the Owner will be responsible for payment for the entire reservation regardless if the spot can be filled or not.

Booking reservations over holiday periods requires a deposit equaling half (50%) of the total cost of the reserved run(s) during the dates requested at the time of booking. **DEPOSITS ARE NON-REFUNDABLE.** They can be transferred AS A CREDIT ON THE OWNER'S ACCOUNT if the reservation is cancelled within the allotted time frame.

The holiday season dates that require deposits are as listed below for the 2019 year:

New Year's	January 1st - 7th
Martin Luther King Jr. Day	January 18th - 21st
President's Day	February 15th - 18th
Spring Break	March 21st - April 1st
Memorial Day	May 23rd - 27th
Independence Day	June 27th - July 8th
Labor Day	August 29th - September 8th
Thanksgiving	November 21st - December 1st
Christmas	December 19th - 31st
New Year's	January 1st - 6th (of year 2020)

(If more than one stay is booked during a holiday period, multiple deposits may be required. The reservation is considered a holiday if one or more of the reserved dates falls in the above listed date ranges.)

Owner has read and understands all of the requirements for Holiday Deposits and Cancellations. → _____

Damages by Your Pet

If your pet causes damages of any kind, other than the normal wear and tear, you will be responsible for, and agree to reimburse the Kennel for such damages, losses, costs, and expenses, including loss of income and boarding charges that result from the damages. You also agree to indemnify the Kennel from and against all claims, liabilities, suits, actions, damages, losses, costs and expenses (including reasonable attorney's fees and costs) that arise out of, or which are related to, damages caused by your pet.

Owner has read and understands all of the requirements for Damages by Your Pet. → _____

I, the Owner, have read the above document. I have agreed to the terms in which my pet(s) can stay in the kennel and I understand all of the Kennel's policies laid out in the document. I understand that this contract is a legally binding document, and that by signing below, I, the Owner, agree to the terms set forth.

Printed Name of

Owner: _____

Signature of Owner: _____ **Date:** _____



Owner Information

First Name: _____ Last Name: _____

Street: _____

P.O. Box: _____ City: _____ State: _____ Zip: _____

Preferred E-mail: _____

Cell Phone: _____ Home Phone: _____

Preferred method of contact: Email ☐ Cell Phone ☐ Home Phone ☐

Additional Owner Name: _____

Preferred E-mail: _____

Cell Phone: _____ Home Phone: _____

Preferred method of contact: Email ☐ Cell Phone ☐ Home Phone ☐

Emergency Contact Information:

Name: _____

Cell Phone: _____ Home Phone: _____

Preferred method of contact: Cell Phone ☐ Home Phone ☐

Authorized to make medical decisions: Yes ☐ No ☐

Authorized to pick up: Yes ☐ No ☐

Authorized to take for walks: Yes ☐ No ☐

Name: _____

Cell Phone: _____ Home Phone: _____

Preferred method of contact: Cell Phone ☐ Home Phone ☐

Authorized to make medical decisions: Yes ☐ No ☐

Authorized to pick up: Yes ☐ No ☐

Authorized to take for walks: Yes ☐ No ☐

Name: _____

Cell Phone: _____ Home Phone: _____

Preferred method of contact: Cell Phone ☐ Home Phone ☐

Authorized to make medical decisions: Yes ☐ No ☐

Authorized to pick up: Yes ☐ No ☐

Authorized to take for walks: Yes ☐ No ☐

Additional Contact Information:

Pet Information

Animal's Name: _____ Breed: _____

Date of Birth: _____ Weight: _____ Primary Colors: _____

Gender: _____ Spayed or Neutered: Yes ☐ No ☐



Feeding Instructions:

Personal Food: Yes ☐ No ☐ If Yes, what Brand of Food: _____

If No, what Brand of Our Food:

Purina E/N (Normal House Food): Yes ☐ No ☐

Natural Balance Chicken (limited ingredient/grain free): Yes ☐ No ☐

Natural Balance Fish (limited ingredient/grain free): Yes ☐ No ☐

Feeding Times:

Amount for Breakfast (8:30 AM): _____

Amount for Lunch (12:00 PM): _____

Amount for Dinner (3:00 PM): _____

Food Advisories (mark if applicable): Picky Eater ☐ Food Aggressive ☐ Allergies ☐ Free Feeder ☐

Does your dog have an food allergies: Yes ☐ No ☐ If yes, what allergies: _____

If your dog is not eating can we add: Canned food ☐ Pumpkin ☐ Forti-Flora ☐ Sweet Potato ☐ Treats ☐

If your dog runs out of food, can they eat our house food: Purina E/N ☐ NB Chicken ☐ NB Fish ☐

Additional Feeding Information: _____

Medication Instructions:

ALL MEDICATIONS MUST HAVE THE PRESCRIPTION BOTTLE OR ORIGINAL CONTAINER FOR REFERENCE.

Medication: _____ Amount: _____ Time of Day: _____

Medication: _____ Amount: _____ Time of Day: _____

Medication: _____ Amount: _____ Time of Day: _____

Medication: _____ Amount: _____ Time of Day: _____

Medication: _____ Amount: _____ Time of Day: _____

Medication: _____ Amount: _____ Time of Day: _____

Does your pet have medications that need to be given 12 hours apart: Yes ☐ No ☐

Does your pet have medications that need to be given with food: Yes ☐ No ☐

Additional Medication Information: _____

Pet Information



Veterinary and Medical Information:

Veterinarian: _____

Phone Number: _____ Location of Vet (City, State): _____

Injuries or Physical Disabilities: _____

Any Food or Play Restrictions: _____

Allergies (to food, environment, or medication): _____

Other medical Information: _____

Pet Questionnaire:

Personality (select all that apply)

- | | | | | |
|------------------------------------|-----------------------------------|--------------------------------------|-----------------------------------|--|
| Couch Potato <input type="radio"/> | Wild Child <input type="radio"/> | Fearful <input type="radio"/> | Aggressive <input type="radio"/> | Cuddle Bug <input type="radio"/> |
| Independent <input type="radio"/> | Calm <input type="radio"/> | Food Motivated <input type="radio"/> | Destructive <input type="radio"/> | Social Butterfly <input type="radio"/> |
| Shy <input type="radio"/> | Loves Dogs <input type="radio"/> | Loves People <input type="radio"/> | Trash Diver <input type="radio"/> | Ball Player <input type="radio"/> |
| Anxious <input type="radio"/> | Loud/Barker <input type="radio"/> | Protective <input type="radio"/> | Possessive <input type="radio"/> | Territorial <input type="radio"/> |
| Dominant <input type="radio"/> | Spoiled <input type="radio"/> | Heavy Sleeper <input type="radio"/> | Submissive <input type="radio"/> | Smiler <input type="radio"/> |
| Rock Chewer <input type="radio"/> | Poop eater <input type="radio"/> | Digger <input type="radio"/> | Chow Hound <input type="radio"/> | Gives Kisses <input type="radio"/> |

What may be stressful for them: _____

Situations where they may become unfriendly: _____

Any places they don't like to be touched/petted: _____

- | | | | |
|------------------------------|--|-----------------------------|--|
| House Trained: | Yes <input type="radio"/> No <input type="radio"/> | Chases cars/bikes/birds: | Yes <input type="radio"/> No <input type="radio"/> |
| Formal Obedience Training: | Yes <input type="radio"/> No <input type="radio"/> | Been bitten by another dog: | Yes <input type="radio"/> No <input type="radio"/> |
| Ever Boarded Before: | Yes <input type="radio"/> No <input type="radio"/> | Can you take food away: | Yes <input type="radio"/> No <input type="radio"/> |
| Ever bitten a person before: | Yes <input type="radio"/> No <input type="radio"/> | Will share toys: | Yes <input type="radio"/> No <input type="radio"/> |
| Ever bitten another dog: | Yes <input type="radio"/> No <input type="radio"/> | Will share water: | Yes <input type="radio"/> No <input type="radio"/> |
| Been in a group of dogs: | Yes <input type="radio"/> No <input type="radio"/> | Jumped a fence: | Yes <input type="radio"/> No <input type="radio"/> |

Additonal Behavior Information: _____