



OVERLAND
ANIMAL HOSPITAL & PET RESORT

OVERLAND ANIMAL HOSPITAL AND PET RESORT
2658 W. Florida Avenue, Denver, Colorado 80219
(303) 922-5500

BOARDING/ DAYCARE APPLICATION & ENROLLMENT FORM

OWNER INFORMATION

Parent's Name _____ Spouse/other _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email address: _____ Text message approved: Yes ___ No ___

Pets Name: _____ Breed: _____ Sex: _____ Age: _____

Veterinarian _____ Location _____ Phone _____

Medical History or Concerns (heart disease, arthritis, seizures, medications, physical limitations etc)

Emergency Contact: _____ Phone: _____

Your pet's happiness, comfort and well-being are our top priority. Please include ANY information that you feel would help us better care for your pet.

DOGS ONLY

PET CARE INSTRUCTIONS

Do you prefer your pet to play with other dogs (GROUP) and/or a member of Overland Staff (PRIVATE)? (please circle)
[Group play is complimentary; there is a \$10/day charge for private play. Placement is based on preference AND behavioral assessment]

Does your pet regularly play with other pets? Yes No

Please provide us with character quirks your dog may have (check all that apply)

- | | | | | |
|--------------------------------------------|---------------------------------------------|------------------------------------------|------------------------------------------|----------------------------------|
| <input type="checkbox"/> Dog Aggressive | <input type="checkbox"/> Social Eater | <input type="checkbox"/> Runs away | <input type="checkbox"/> Fence Jumper | <input type="checkbox"/> Shy |
| <input type="checkbox"/> People Aggressive | <input type="checkbox"/> Separation Anxiety | <input type="checkbox"/> Barker | <input type="checkbox"/> Toy Possessive | <input type="checkbox"/> Rowdy |
| <input type="checkbox"/> Escape Artist | <input type="checkbox"/> Picky eater | <input type="checkbox"/> Jumps on People | <input type="checkbox"/> Food Possessive | <input type="checkbox"/> Fearful |
| <input type="checkbox"/> Marker | <input type="checkbox"/> Other _____ | | | |

Has your pet ever shown aggression to people or other dogs? Yes ___ No ___ If yes, please describe

It is understood and agreed between Owner and Overland Animal Hospital and Pet Resort, that this agreement contemplates that Owner will be in need of Overland Animal Hospital and Pet Resort's boarding/daycare services from time to time in the future, and it is further understood and agreed that the obligations and covenants contained herein shall apply to each provision of services in the future, without the need of entering into another agreement, unless altered in writing and signed by the parties herein.

TERMS AND CONDITIONS

In the event of an emergency involving the health of my pet(s), I hereby authorize Overland Animal Hospital and Pet Resort and its staff to hospitalize my pet(s), and to administer medications, tests, or treatments that the veterinarian(s) on staff may deem necessary for the health, safety and well-being of my pet(s) while at boarding/daycare. All expenses so incurred shall be my responsibility and shall be paid in full upon pick up of my pet(s). _____ Initial

If we cannot contact you OR your emergency contact directly, you agree and allow us to do whatever is necessary in an emergency situation. _____ Initial

If you have a particular amount of money that you do not want us to exceed with necessary medical care, please inform us now (if left blank, that means no limit). \$ _____

Except in the event of gross negligence, I agree to waive and release Overland Animal Hospital and Pet Resort and/or its employees from any and all liability of any nature including any injury, death, sickness, property damage or loss that my pet(s) may suffer during or after daycare or being boarded. I also agree to indemnify and hold harmless Overland Animal Hospital and Pet Resort for any and all claims due to any damages my pet(s) may cause to any third parties during or after play-care or boarding. _____ Initial

I acknowledge that my pet(s) are healthy and current on all vaccinations: Rabies, Distemper, Hepatitis (Adenovirus), Parainfluenza, Bordatella, Influenza, Leptospirosis, and Giardia. If your pet is not a patient of Overland Animal Hospital and Pet Resort, please bring proof of vaccine administration by a veterinary hospital. Overland Animal Hospital and Pet Resort reserves the right to vaccinate any animal without proper vaccination history or without current vaccinations. Owner must disclose any illness or behavioral issues in writing prior to dropping off pet(s). _____ Initial

All dogs must be spayed or neutered if over 7 months of age when participating in group play. Private play and cats are okay to be intact. _____ Initial

For the health and wellness of the other pets, we may not accept pets with open wounds or sores. No pets with ticks or fleas will be accepted. No pets with recent (within 14 days) illness (i.e. vomiting, diarrhea, coughing, or sneezing) will be accepted for group play. By presenting my pet for participation in the Overland Animal Hospital and Pet Resort daycare/ boarding program, I am verifying that my pet is free of infectious disease and has shown no clinical signs of illness for 14 days prior to admittance into daycare. Sick pets may board on a medical boarding basis. _____ Initial

Quick Release collars with name tags and phone numbers are required. A loner collar will be provided until you can provide one. _____ Initial

Rawhide bones, rope toys, bowls/dishes are **not** permitted in daycare or boarding. Overland Animal Hospital and Pet Resort will not be responsible for any personal supplies, toys, blankets, etc left with any pet(s). _____ Initial

All dogs participating in group play must undergo a supervised behavioral assessment. If your dog is deemed unsuitable for group play, our staff will be in contact with you, and your pet will be assigned to private play for an additional \$10/day fee. _____ Initial

I understand that during group play with other dogs, injury, illness or death may occur. I **willingly accept the all risk of and responsibility for the cost of treatment for any such injury or illness.** I further release, indemnify and hold harmless Overland Animal Hospital and Pet Resort, its owners and employees from any and all claims arising from my pet's conduct or any damages, illness or injuries caused or sustained by my pet(s) or myself as a result of participating in play. _____ Initial

If I do not pick up my pet(s) within 12 days after receiving written notice from Overland Animal Hospital and Pet Resort stating our intention to either re-home, shelter, or euthanize the animal, Overland Animal Hospital and Pet Resort may assume that my pet(s) are abandoned. Abandonment does not release me of my obligations for the bill. _____ Initial

I hereby authorize Overland Animal Hospital and Pet Resort, to post and display pictures and or video of my pet on their web site, social media sites or promotion materials. This photograph/video will not be used for any other purpose without my express written/electronic permission. _____ Initial

Boarding charges accrue starting the day of drop off regardless of the time your pet(s) arrive(s). If you pick up your pet(s) by 12 noon on the departure date, you will not be charged for that day. If you pick up after 12 noon (Mon-Fri), you will be charged a late fee of \$10/pet rather than another overnight charge. _____ Initial

Also, we would like to remind you that you are responsible for any charges incurred during your pet's stay with us. Payment is due at time of service in the form of check, cash, credit, or Care Credit. If your pet's stay will exceed two weeks, we will need a 50% deposit prior to his/her/their stay. If his/her/their stay will be extended beyond the prior agreed departure (exceeding two weeks), we will need a full payment of his/her/their current boarding and any medical charges upon this extension.

I agree to pay reasonable attorney fees incurred by Overland Animal Hospital and Pet Resort in the collection of any and all fees resulting from the care and maintenance of my dog(s). I further agree that in the case of non-payment, a finance charge of 1.5% per month (18% annually) will be charged.

I have read and fully understand and agree to the above terms. I understand and agree that all fees are due and payable when I pick up my dog(s). This policy and agreement shall apply indefinitely and during the course of each and every visit I or my pet makes to Overland Animal Hospital and Pet Resort.

Owner's Signature: _____ Date: _____