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## SHEAR MAGIC PET SALON (SMPS) DAYCARE AND BOARDING AGREEMENT

*PLEASE PRINT CLEARLY*

Owner's Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Pet # 1 Name:** \_\_\_\_\_ Breed \_\_\_\_\_ Weight: \_\_\_\_\_

Male     Female     Spayed / Neutered    Color: \_\_\_\_\_    Birth date: \_\_\_\_\_

**Pet # 2 Name:** \_\_\_\_\_ Breed \_\_\_\_\_ Weight: \_\_\_\_\_

Male     Female     Spayed / Neutered    Color: \_\_\_\_\_    Birth date: \_\_\_\_\_

**Pet # 3 Name:** \_\_\_\_\_ Breed \_\_\_\_\_ Weight: \_\_\_\_\_

Male     Female     Spayed / Neutered    Color: \_\_\_\_\_    Birth date: \_\_\_\_\_

**Pet # 4 Name:** \_\_\_\_\_ Breed \_\_\_\_\_ Weight: \_\_\_\_\_

Male     Female     Spayed / Neutered    Color: \_\_\_\_\_    Birth date: \_\_\_\_\_

Method of flea control (**Mandatory**): \_\_\_\_\_

-Is your dog housebroken?  Yes    No

-Does your dog use a Pee Pad? *If yes, please provide enough for their stay. We do not supply.*  Yes    No

- Does your cat use a litter box?  Yes    No

-Would you want your dog to interact with other dogs for social play?  Yes    No

-Has your dog/cat ever bitten or exhibited aggressive behavior towards people or other dogs/cats?  Yes    No

-Has your dog/cat ever been bitten or attacked by another dog, or been abused?  Yes    No

-Does your dog/cat eat or chew on his bedding?  Yes    No



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## MEDICAL AND EMERGENCY INFORMATION

Veterinarian's Name / Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

## VACCINATIONS

Please have proof of following vaccinations. Please write in day that vaccinations were **given**:

**Dogs:** **DHLPP** ( Distemper, Hepatitis, Lepto, Parvo, Parainfluenza) within 1 year \_\_\_\_\_

**Bordatella** (Kennel Cough) within {6 months: Nasal} {1 year: Oral} \_\_\_\_\_

**Cats:** **FVRCP** (Feline Viral Rhinotracheitis Calicivirus Panleukopenia) \_\_\_\_\_

**FELV** (Feline Leukemia) \_\_\_\_\_ **FIV** \_\_\_\_\_

**Please describe any medical or physical problems, including allergies:**

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## EMERGENCY MEDICAL CARE

**If, in our judgment, your pet requires immediate medical care and we are unable to contact you, we will seek care at \_\_\_\_\_ veterinary facility. If chosen Veterinary facility indicated is not available SMPS will use Maika'i Veterinary Clinic for services.**

Yes Initials \_\_\_\_\_ By initialing here, you agree to be solely responsible for the payment of all medical bills for your pet and you release SMPS, its officers, directors, agents, and employees of and from any and all responsibility for, or claims, damages, debts, arising out of or related to such medical care, including, but not limited to, transportation to/from the veterinary clinic and choice of veterinarian and animal hospital.

**In the event of your pet's death during his/her stay with us, what arrangements should be made?**

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## EMERGENCY CONTACT (OTHER THAN OWNER)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_



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## Pickup of your pet: SMPS will release your pet to the following person(s):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

By checking here, you may verbally (by telephone) or in writing (email or otherwise) request that SMPS release your dog/cat to someone other than the person(s) listed above, and you release SMPS of and from any and all responsibility for releasing your pet to any person SMPS reasonably believes to be authorized by yourself.

### SHEAR MAGIC PET SALON (SMPS) POLICIES

\_\_\_\_\_ SMPS reserves the right to immediately change your pet's type of boarding/daycare if we believe it is necessary to protect the health and well-being of your pet, other pets, or our staff.

\_\_\_\_\_ All pets must be healthy, and current on all vaccinations. You will be required to bring a copy of your pet's updated vaccination records from your vet before you start daycare or board with us to ensure your pet's safety as well as that of our existing SMPS pets.

\_\_\_\_\_ **If your pet is exhibiting any symptoms that may suggest illness such as sneezing, coughing, wheezing, runny eyes or nose, vomiting, lethargy, or diarrhea, please do not bring your pet to daycare or boarding. Dogs/cats that are dirty and/or with flea or tick problems will be bathed and treated the owner's expense.**

\_\_\_\_\_ SMPS will not accept pets that are injured, aggressive or that have severe separation anxiety. You will be contacted to pick up your pets that become ill, injured, aggressive or severely anxious or they will be referred to another facility.

\_\_\_\_\_ Shear Magic Pet Salon Facility is open from **8:00am to 5:00 pm Monday - Saturday**. Late/Early pickup and Sunday boarding pickups **may** be available by prior arrangement. \$35 extra charge applies.

\_\_\_\_\_ All pet guests must be on a leash or in carriers. A *flat belt collar* is required.

\_\_\_\_\_ Checkout time for boarders is by 11:00am. Pets left after this time will be charged an additional \$15 daycare fee. Boarders are subject to a 24-hour cancellation policy. A deposit or credit card imprint or 50% deposit may be required upon your pet's arrival. All charges must be paid in full upon pick-up of your pet. Pets left ten days beyond the agreed pick-up date without prior arrangement will become property of SMPS and may be adopted out at the kennel's discretion.

\_\_\_\_\_ SMPS House brand of dog food is Taste of the Wild or comparable (grain –free). If you are feeding your dog something different, please bring it with you in a reseal able container or zip lock bags. Changing dog food can cause severe upset stomach. Owners are welcome to bring their own toys if desired; however we **cannot** guarantee that they will be returned in the same condition. **Please label all belongings.**

\_\_\_\_\_ For the safety and comfort of all of our guests, we are unable to accommodate visitors during boarding. We are happy to post a photo on **Facebook .com/ shearmagicpetsalon**, for owners wanting to check in with their pets

\_\_\_\_\_ We accept Visa, MasterCard, cash, or check (please note, there is a \$25 returned check fee). Payment in full is due upon pickup of your pet. Unless you indicate otherwise, your credit card on file will be charged for your fees. SMPS reserves the right, without notice, to adjust its fees for services. Please inquire at the front desk as to our current fees.

\_\_\_\_\_ Kennels are furnished with elevated Kuranda beds and bedding. Fresh water is available 24 hours per day. Each dog/ cat is fed in his or her kennel to prevent food related issues, twice a day, or per special instructions. Dogs will be let out for exercise and relief at least twice a day. Dogs are monitored 24 hours a day. Staff lives on premises. Each additional dog/cat in the same kennel from the same family receives a 50% discount.



\_\_\_\_\_ In order to ensure the safety and happiness of all of our daycare guests, we require that all prospective SMPS daycare dogs complete an interview to predetermine their suitability for a cage-free environment. In addition, group daycare dogs must be spayed or neutered. Dogs that are not spayed or neutered are welcome at SMPS for private boarding or private daycare, however, please be aware that we do not accept females in heat.

\_\_\_\_\_ In a cage-free environment dogfights are a risk. We assess your dog with a temperament test and watch them interact with other dogs. We are trusting owners to know their dogs behavior with other dogs. Be aware aggressive dogs will not be accepted into the social pack but are welcome into private daycare.

\_\_\_\_\_ **Private Daycare** is daytime boarding in a private kennel. We provide private yard play with a professional staff member at least one time every one to four hours.

**BY SUBMITTING THIS FORM,** \_\_\_\_\_

\_\_\_\_\_ You indicate your agreement with all the terms listed hereof.

\_\_\_\_\_ **You understand and agree that when leaving your pet for daycare or boarding,** that our facility is an environment where dogs may have the opportunity to interact in groups. There are inherent risks of illness or injury when dealing with animals in groups. You understand that when dogs play in groups, they may sustain injuries such as nicks and scratches. Other risks include, but are not limited to: mobility issues, allergies, puncture wounds and heat related illnesses. You understand and agree that any problem or injury that develops will be treated as SMPS deems necessary in its sole and absolute discretion.

\_\_\_\_\_ You authorize SMPS to obtain medical and vaccination records for your pet from the veterinarian listed on Page 2 of this Agreement, and you hereby authorize your veterinarian to provide these records to SMPS.

\_\_\_\_\_ You release, indemnify, and agree to hold SMPS harmless from any and all manner of damages, claims, loss, liabilities, costs or expenses, causes of actions or suits, whatsoever in law or equity, (including, without limitation, attorney's fees and related costs) arising out of or related to the services provided by SMPS, including, without limitation, any inaccuracy in any statement made by yourself or information provided by you to SMPS, your pet, including but not limited to destruction of property, animal bites, injury, and transmission of disease, and any action by yourself which is in breach of the terms and conditions of this agreement.

\_\_\_\_\_ This agreement covers the current relationship between SMPS and yourself. Each time you bring your pet to SMPS, you affirm the terms of this Agreement, and the truthfulness and accuracy of all statements you make in this Agreement.

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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**We may require that you keep a major credit card on file at SMPS for billing purposes and in case of emergency medical expenses. We will make every attempt to contact you in case of emergency.**

VISA       MasterCard       Discover

Credit Card Number \_\_\_\_\_ Exp \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_