

**Boarding/Daycare Registration & Term Agreement**

**Hug A Bubbas and the Pet Owner(s) named below agree as follows**

**Dog Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_M or F Spayed/ Neutered?**

**Dog Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_ M or F Spayed/ Neutered?**

**Dog Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_ M or F Spayed/ Neutered?**

**Pet Owner(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Who else is authorized to pick up your pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Vet Clinic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **My dog(s) ....** | **My dog(s)...** | **My dog(s) is..** | **My dog(s) is:** |
| **Has special requirements** | **Jumps fences.**  **Door Dart** | **Crate trained**  **Leash trained** | **Laid Back**  **Always Happy** |
| **Has disabilities? Blind, deaf, etc.** | **Mounts other dogs**  **Is not good w/small dogs**  **Is not good w/ big dogs** | **Recall trained**  **Basic command trained** | **Anxious**  **Shy/Submissive** |
| **Needs medications:** | **Has food aggression**  **Has kennel aggression** | **Socialized with dogs**  **Socialized with people** | **Hyper**  **Overstimulated** |
| **Additional info:** | **Has separation anxiety**  **Barks excessively** | **All of the above.** | **Independent**  **Dominant** |

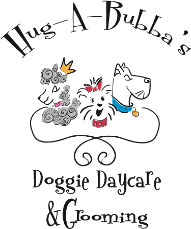
**We want your dogs to feel like family and feel safe during their stay. Please explain any negative or trauma caused behavioral traits we may need to know about (this does not prevent them from being accepted) so our staff knows how to better suit your dogs needs.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Terms and Conditions

**Health Requirements /Vaccinations:**

I agree that I will not bring my dog(s) to Hug-A-Bubba’s if I am aware of it exhibiting any signs of sneezing, vomiting, diarrhea, coughing, lethargy or any other indication of illness and otherwise certify that, to the best of my knowledge, my dog(s) is in good health. I agree that my dog is free from any fleas or ticks and all my dog’s required vaccinations are current and will provide proof of vaccinations and medical records from a licensed vet. Required vaccinations/ requirements are as follows:

* RABIES - 1 to 3-year vaccination depending on Vet’s recommendation.
* BORDETELLA - 6 months or 1 year (6 months recommended)
* DHLP-PV - 1 to 3-year vaccinations depending on Vet’s recommendation.
* Not showing signs of sickness/ contagious viruses, kennel cough, parvo, giardia, pneumonia, etc. \_\_\_\_\_\_(Initial)

**Age/Sex:** I understand that my dog(s) must be at least 4 months old to join daycare or boarding. My dog(s) must be spayed or neutered unless the dog(s) are under 6 months old. Once they are over 6 months of age they must be spayed or neutered, or they cannot attend our facility\_\_\_\_\_ (initials)

* **End of Day Pickup**: I agree that either I or my authorized agent will pick up my dog no later than Hug-A-Bubba’s closing time. Our operating hours are Monday - Friday 7:00 am to 6:00 pm sharp. Saturday we are open 9am- 2:00 pm, and Sunday we are open 10am-12pm. If my dog is picked up later than 6:10 pm Monday- Friday. I agree to pay Hug-A-Bubba’s late charge fee of $1.00 per minute. If Hug-A-Bubba’s does not hear from me by phone by 6:15pm, I understand and agree:

**(a)** I will thereafter be unable to pick up my dog that evening.

**(b)** Hug-A-Bubba’s will house my dog overnight in an overnight boarding kennel and I will be charged for said boarding as well as the previous daycare I neglected to pick my dog up from. After 2pm next business day an additional $23 fee will accrue.

**(c)** My dog can be picked up when Hug-A-Bubba’s opens at 7:00 am the following business day that I did not pick up.

**(d)** I will pay Hug-A-Bubba’s normal overnight boarding charges of $50/night and any additional charges for care of my pet. As well as the $23 fee if picked up after 2pm the following day.

Any dog **not picked up 15 days or more after** its scheduled departure date will be considered abandoned and at Hug-A-Bubba’s discretion may be turned over to the proper authorities. Unless proof of medical, family or personal emergency and paid to current bill. We will accomodate your dog the best we can.

* **Refusal of Services:** Hug-A-Bubba’s may, at its sole discretion, refuse to provide services to or admit my dog into its daycare. If Hug-A-Bubba’s initially admits my dog into daycare but subsequently determines that in its opinion my dog’s behavior is not suitable to be in daycare, then Hug-A-Bubba’s may **thereafter refuse** my dog’s admittance. If Hug-A-Bubba’s initially admits my dog, but subsequently determines that in its opinion my dog has an illness, then Hug-A-Bubba’s may at its option either segregate my dog in Hug-A-Bubba’s quarantine room or require that I immediately retrieve my dog. \_\_\_\_\_\_\_\_\_\_ (initial)
* **Right to Photograph:** I agree that my dog may be videotaped and/or photographed by Hug-A-Bubba’s. Hug-A-Bubba’s shall be the exclusive owner of the results and proceeds of such taping or photography and may use such taping and photos for any of its advertising or marketing. I further agree that my dog may be used in any and all media and the promotion, advertising, sale, or publicizing of Hug-A-Bubba’s. \_\_\_\_\_\_(initial)
* **Warranties and Representations:** I warrant and represent that:

**(a)** my dog(s) is not now and has never been known to be aggressive towards or attack another animal or human.

**(b)** that all the information provided by me in this agreement is true and correct to the best of my knowledge and belief.

**(c)** that I am the owner of the dog(s) described in this agreement.

**(d)** I assume all risks, dangers, and responsibility for injuries to named dog(s) \_\_\_\_\_\_\_ (initial)

**(e)** I am authorized to enter into this agreement.\_\_\_\_\_\_\_\_\_\_\_\_(intial)

* **Authority for Emergency Care:** In the event that Hug-A-Bubba’s determines in its sole discretion that my dog requires medical aid, I authorize Hug-A-Bubba’s in its sole discretion to administer and/or obtain care by a licensed veterinarian of Hug-A-Bubba’s choice including test results, medical records and/or prescriptions. I agree to pay any such costs incurred by Hug-A-Bubba’s and/or reimburse Hug-A-Bubba’s for any such expenses paid by Hug-A-Bubba’s. I authorize and instruct any veterinarian stated above to release to Hug-A-Bubba’s any and all information regarding my dog. \_\_\_\_\_\_\_ (initial)
* **Feeding & Medication:** Pet owners are encouraged to bring their dog’s food from home since most dogs can experience sensitivity to changes in their diet. We suggest you bring as much as they will need for their entire stay. If Hug-A-Bubba’s provides food for your pet, then there will be a $5 charge per day. If your dog requires any medication, we ask that there are clear, written instructions and dosage. There will be a $3 charge per day for medication. \_\_\_ (initial)
* **Legal fees:** In the event a dispute arises with respect to this agreement, the prevailing party shall be awarded all reasonable legal fees and related costs incurred in connection with the dispute. \_\_\_\_\_ (initial)
* **Payment Agreement:** Owner(s) agrees to pay in full or make arrangements by cash, check, or credit card with Hug-A-Bubba’s before dog(s) can be released. \_\_\_\_\_\_ (initial)
* **Damage:** Owner(s) accepts responsibility for any damages to property, facility, equipment, and/or employees caused by dog(s). \_\_\_\_\_ (initial)
* **Hold Harmless and Release of Liability:** On behalf of all Owners of my dog, I acknowledge and agree

**(a)** that Hug-A-Bubba’s shall not be liable for any injuries, disease, illnesses, death, fire, and/or accidents involving my dog, including escape or loss of my dog, while my dog is in the care or custody of Hug-A-Bubba’s,

**(b)** to defend, hold harmless and indemnify Hug-A-Bubba’s from and against any and all costs, expenses, attorney’s fees, or damages arising out of any claim, action, suit or proceeding concerning my dog and/or other dogs or animals in the care or custody of Hug-A-Bubba’s and/or any natural person where such claim, action, suit, or proceeding is caused by or relates to my dog while in Hug-A-Bubba’s care.

**(c)** Owner understands that Hug-A-Bubba’s employees are not veterinarians and are not expected to provide diagnosis or detect illnesses for any pet attending daycare or boarding

**(d)** I understand that during normal dog playtime my dog(s) could sustain minor injuries such as: scratches, lacerations, torn ligaments, etc. While all dogs are always under supervision, injuries can still occur. \_\_\_\_ (initial)

**Miscellaneous:** The terms of this Agreement shall not be modified except in writing signed by Hug-A-Bubba’s and the Owner. This Agreement shall be governed by the laws of the State of Oregon. The venue for any action shall be Columbia County or Washington County, Oregon. The words “owner”, “my,” “I” and other similar words refer collectively to all owners of the above-named dog. I certify that all owners have read and fully understand the terms of this agreement and have given me the authority to enter and execute this agreement. This agreement has no time limit and is valid and enforceable for all my dog(s) future stays with Hug-A-Bubba’s. Delivery to Hug-A-Bubba’s of this Agreement signed by Owner may be made by hand, mail, or email. \_\_\_\_\_\_ (initial)

**PET OWNER (s) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hug-A-Bubba’s Associate Signature:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**