



Doggie Style Bowtique

Client Information and Boarding Agreement

Owner's Name(s) _____
Address _____
City _____ State _____ Zip Code _____
Email _____ Place of Employment _____
Work Phone _____ Home Phone _____ Cell _____
How did you find out about us? _____

Emergency Contact _____ Phone _____

Veterinary Office _____ Phone _____

First Dog

Dog's Name _____ M / F _____ Spayed/Neutered? _____
Dog's Birth Date _____ Dog's Breed _____
Color / Markings _____

Second Dog

Dog's Name _____ M / F _____ Spayed/Neutered? _____
Dog's Birth Date _____ Dog's Breed _____
Color / Markings _____

Third Dog

Dog's Name _____ M / F _____ Spayed/Neutered? _____
Dog's Birth Date _____ Dog's Breed _____
Color / Markings _____

Please list names of person(s), other than yourself, authorized to pick up your dog.

Is there any special information about your dog that would be helpful for us to know (Allergies, Sensitive Stomach, etc.)?



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The following is an agreement between:

_____ (Owner's name), regarding their pet(s).

_____ (Pet's name(s))

Pet Requirements

Your pet must meet the following requirements for their safety, protection and health of all our guests.

All pets must be up-to-date on all vaccinations and in good health.

_____ Parvovirus

_____ Leptospirosis

_____ Distemper

_____ Rabies

_____ Hepatitis

_____ Bordetella (6 month / semi-annual)

All pets must be on a monthly flea/tick preventative. Dogs arriving with fleas and/or ticks may be treated with Bravecto, a flea and tick preventative at the owner's expense.

All pets must be spayed or neutered and will not show any signs of aggressive behavior toward people or other pets. This will be cause for immediate dismissal. We reserve the right to refuse service or admittance to any dog.

Dogs not picked up by specified time will be released the next business day, unless arrangements have been made in advance, and additional boarding charges will apply.

Doggie Style Bowtique (DSB) hours and convenience fee prices are subject to change at any time.

Should I or my pre-approved agent fail to contact DSB within 48 hours of the arranged pick-up time, my pet will be considered to be abandoned. Any expenses incurred for the transit, overnight care, and/or placement of said pet shall be paid by owner of said pet.

In case of emergency, DSB will consult FMA Animal Hospital. We will contact the owner prior to treatment, and pet owner will be responsible for all expenses. www.FMAPetVet.com

DSB will try to reach you, however, pet owner assumes full responsibility for any and all veterinary expenses incurred.

I agree to pay the rate for services incurred while my pet boards at DSB. Cancellation fees and late fees may be applied for reservations cancelled less than 24-hours prior to scheduled reservation.

Signature of Pet Owner _____

Print Name _____ Date _____

Please sign and email form to: doggiestyle1503@gmail.com