

Riley's Dog Lodge Intake Form

Pet's name:		Boarding from:		To:		M/F?	
Age		Breed		Date Neutered			
Owner's name:				Emergency Contact Number			
Alternate Contact				Alternate Phone Number			

Vaccinations Documents are Mandatory

Vaccination	Vaccination Expiry date	Notes
Rabies		
DPP		
Bordetella/Kennel Cough		

Feeding Information

What kind of food?	How much should we feed your pet?	How often?

Additional Information (Allergies, Chronic Illnesses/Concerns)

Allergies	Illnesses	Medications	Other	

Waiver

Riley's Dog Lodge agrees that while the dog/s is on its premises & in its care, Riley's Dog Lodge will exercise the utmost diligence to care for & protect the health, safety & well-being of your dog/s.

Owners agree that Riley's Dog Lodge has no liability for owners' property or for the loss, damage or death of the dog/s resulting from disease, illness, injury, escape, fire or any other cause. Riley's Dog Lodge shall, without being liable to the owner, has the right to take action as deemed necessary for the health, safety & well being of the of the dog/s, including the right to administer non-prescription medication &/or obtain services/treatments, & agrees to that, while the dog/s is on its premises.

Riley's Dog Lodge will exercise treatment by a veterinarian of Riley's Dog Lodge choice. The owner/s shall be responsible for all fees for services/treatments provided by the veterinarian, regardless of the cause, diagnoses or prognosis.

Owner/s acknowledges that Owner/s has hereby been notified by Riley's Dog Lodge that if dog/s are not retrieved by Owner within ten (10) days of Dog/s scheduled pick-up date, then Riley's Dog Lodge may deem Dog/s "abandoned". Riley's Dog Lodge may then relinquish custody of Dog/s to the Humane Society. Despite any such abandonment, Owner will remain liable to Riley's Dog Lodge for all unpaid Services and care charges, as well as all fees and expenses associated with removal of Dog/s. Owner/s are further liable for any attorney's fees and costs incurred by Riley's Dog Lodge in collection of any such charges.

Signature:

Date:

Form to be completed **only** after phone consultation. Send completed form to rgbpei@gmail.com