



INITIAL: _____
DATE: _____

**Boarding Agreement**

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

H/W Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Vet's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

List any behaviors we should be aware of: (e.g. likes to bark all night)

---



---



---

Required Items (if in our home):

- Food for the duration of stay and measuring scoop (if special diet/schedule is needed, note it above)
- Chew toys

Additional Items if needed: **(Please List)**

- Bed, Blanket
- Medication and a delivery system
- Toys, Balls, etc.

---



---

**WE WILL ONLY ACCEPT DOGS/PUPPIES WHO MEET THE FOLLOWING:**

**THEIR SHOTS MUST BE UP TO DATE, MUST HAVE DOCUMENTS, ALL TOWELS, BEDDING, BLANKETS, ETC., MUST BE CLEAN, DOGS AND PUPPIES MUST BE WASHED**

I, \_\_\_\_\_, give permission to Michael Rae and certified contractors of Dog Talk LLC. to provide sitting services and care for my dog(s) \_\_\_\_\_. Permission is given for my dog, \_\_\_\_\_ (*write NO if not approved*), to go for a ride in a vehicle operated by a contractor of Dog Talk. If any problems are to arise regarding the health of my dog(s), I direct a contractor of Dog Talk to take the necessary advisable action. This may include a veterinary visit to the above Doctor or an ER Doctor. I, \_\_\_\_\_ acknowledge that I am liable for any and all property damage, illness, or injury (received or caused) that may occur in my absence.

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_