

1. I further understand that PACK PERSPECTIVE (TRACY BRITT) has relied upon my representation that my dog is in good health and has not injured or shown aggression or threatening behavior to any person or dog in admitting my dog for services at their facility.
2. I further understand that PACK PERSPECTIVE (TRACY BRITT), their owners, staff, partners and volunteers, will not be liable, financially or otherwise, for injuries to my dog, myself or any property of mine while my dog is participating in services provided by PACK PERSPECTIVE (TRACY BRITT) I hereby release PACK PERSPECTIVE (TRACY BRITT), of any liability of any kind arising from my dog's participation in any and all services provided by PACK PERSPECTIVE (TRACY BRITT)
3. I further understand and agree that any problems with my dog, behavioral, medical or otherwise will be treated as deemed best interest of the animal. I understand that I assume full financial responsibility and all liability for any and all expenses involved in regards to the behavior and health of my dog. (MEDICAL FORM ATTACHED)
4. I further understand that there are risks and benefits associated with group socialization of dogs. I agree that the benefits outweigh the risks and that I accept the risk. I desire a socialized environment for my dog while attending services provided by PACK PERSPECTIVE (TRACY BRITT) and while in their care, I understand that while socialization and play is closely and carefully monitored by PACK PERSPECTIVE (TRACY BRITT) staff to prevent injury, it is still possible that during the course of normal play my dog may receive minor nicks and scratches from roughhousing with other dogs. Any injuries to my dog will be pointed out by the staff upon pick-up.
5. I understand that allowing my dog to participate in services offered by PACK PERSPECTIVE (TRACY BRITT.) I hereby agree to allow PACK PERSPECTIVE (TRACY BRITT AND HER EMPLOYEES AND CONTRACTORS) to take photographs or use images of my pet in print form or otherwise publication and/or promotion.
6. I further understand that I am solely responsible, financially or otherwise, for any harm or damage caused by my dog while my dog is attending any services provided by PACK PERSPECTIVE (TRACY BRITT)
7. **I understand that payment is due in full at pick up for boarding and upon booking, for training.**

SIGNATURE OF

OWNER: _____ **DATE:** _____



Boarding: There is a two day minimum on boarding as of September 21st 2022.

HOUSE RULES

You may drop off or pick up 8-10 am or 4-6 pm. All drop off and pick ups must be scheduled with Tracy. **This is a private home.**

Property tours for new boarders are welcome by appointment only.

Charges are applied like a hotel room. The day of drop off you're charged a full day rate. On your scheduled pick up day, If you cannot pick up by 10 am you will be charged another full day even if the dog is picked up during the 4-6 time slot. At that point you will be paid up until 10 am the following day. We do not pro rate for unused hours.

Please only bring your dog's food and Medication if applicable. No need for bowls, crates, beds, or toys. Refrain from packing too much food and package only what your dog will eat.

If your dog passes the temperament test they can attend camp for no additional charge. If they do not qualify for day camp they will get exercised before and after camp hours.

Any dog that is dropped off that is contagiously sick will be surcharged additionally \$25 for each day of boarding. The additional charges are put in place to reimburse for the needs surrounding quarantine and specific clean up required.

Medication: Additional \$5 Per Administered Dosage.

Special Needs Dogs aka. Dog aggressive, Painfully Shy, People Aggressive, Dogs who need hand walked, Solo Play and Special Handling will be an extra \$15 a day.

Intact males and unspayed females will be an extra \$25 a day

Any dog(s) that are dropped off and sick without discussion prior to drop off will be subject to an additional \$100 fee.

All major holidays will be an extra \$25 per day, per dog. Holidays include Christmas Eve, Christmas, Thanksgiving, Easter, July 3rd and 4th.

Signature of owner: _____ Date: _____



YOUR NAME: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

DOG'S NAME: _____ AGE: _____ BREED: _____

EMERGENCY CONTACT: _____

THIS IS A REQUIRED FORM FOR ALL PACK PERSPECTIVE (TRACY BRITT) PARTICIPANTS RECEIVING SERVICES. The safety and well-being of your pet(s) is of the highest importance. Insuring that your pet remains safe and well cared for is our first responsibility, and as such we take it very seriously. We do our best to have our per parents screen for pre-existing health conditions, but some factors may be beyond our control. In the event that a medical emergency arises while a pet is at our facility or participating in a service that we provide, it is imperatives that we are immediately able to get them medical treatment at the closest available facility. We will call ahead to veterinary offices in the closest proximity geographically to us to insure that they can handle the emergency visit. Your pet will be rushed to the closest available facility and you will be notified. We notify the owner after we have secured a medical treatment center for the animal to avoid delays that may be caused by emotion on the part of the owner.

I understand that in the event of a medical emergency, PACK PERSPECTIVE at its sole discretion, deems to need the immediate attention of a licensed veterinarian. I authorize PACK PERSPECTIVE (TRACY BRITT) to seek medical attention at the closest available veterinary facility. I further agree that I am financially responsible for any medical treatment my pet(s) receives as a result of a medical emergency while attending services provided by PACK PERSPECTIVE (TRACY BRITT)

SIGNATURE OF OWNER: _____

