



## **Tolland Tails LLC KENNEL CONTRACT**

Name \_\_\_\_\_

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

Pet Name \_\_\_\_\_

Sex M F

Breed \_\_\_\_\_

D.O.B \_\_\_\_\_

This is a Contract between “Tolland Tails LLC” and the pet owner whose signature appears below (hereinafter called “Owner”)

1. Owner agrees to pay the rate for boarding in effect on the date pet is checked into the kennel.
2. Owner agrees to pay all costs & charges for special services requested & all veterinary costs for the pet during the times pet is in the care of the kennel.
3. Owner agrees that the pet shall not leave the kennel until all charges are paid for by owner or agent.
4. The Owner represents that pet is healthy & free from disease unless otherwise specifically disclosed.
5. Kennel shall exercise reasonable care for the pet delivered by the owner to kennel for boarding. It is expressly agreed by Owner & Kennel that the Kennel’s liability shall in no event exceed the lesser of the current chattel value of a pet of the same species or the sum of \$200.00 per animal boarding. The Owner further agrees to be solely responsible for any & all acts or behavior of said pet boarding or training & any damages or injury caused by the pet.
6. All charges incurred by Owner shall be payable upon pickup-up of pet, or when billed by Kennel at the address on file. Owner will pick up pet on the designated pick up date, or if unable to do so will notify the Kennel within 24 hours of the pick up time and date. Any pet left for seven (7) days following pick up date, without notice to the kennel with payment, will be conclusively be deemed abandoned & will be turned over to “Tolland Tails LLC” as an abandoned animal.

7. If pet becomes ill or if the state of the animal's health, in the opinion of the Kennel's staff, otherwise requires professional attention, the Kennel, it it's sole desecration, may engage the services of a veterinarian or administer medicine or give other requisite attention to the animal & the expenses thereof shall be paid by the Owner.

8. This contract contains the entire agreement between the parties. All terms & conditions of this Contract shall be binding on the heirs, administrators, personal representatives & assigns the Owner & the Kennel.

9. Any controversy or claim arising out of or relating to this contract, or the breach thereof, or as the result of any claim or controversy under this contract, shall be settled by arbitration in accordance with the rules of the American Arbitration Assoc., and judgment upon the award rendered by arbitrator may be entered in any Court having jurisdiction thereof. The arbitrator shall, as part of his award, determine an award to the prevailing party of the costs of such arbitration and reasonable attorney's fees to the prevailing party. In any arbitration proceeding the arbitrator shall be bound to follow and abide by the substantive law of the state of Connecticut as to the subject matter and construction of this agreement.

10. By signing the Contract and leaving his/her pet with the Kennel, Owner certifies to the accuracy of all information given to the Kennel.

11. The Owner of an elderly pet understands that when older pets are boarded they are placed under a great deal of stress, because of removal from their normal home environment. This stress can cause latent (dormant) physical conditions (such as heart, liver or kidney disorders) to becomes agitated. This can result in illness or death of the Pet. The owner for the pets described herein agrees not to hold this boarding facility responsible for, the illness or death of their pet or any expenses incurred.

12. I UNDERSTAND THIS WILL BE A \$\_\_\_\_.00 + tax PER DAY CHARGE.

13. WE DO NOT ACCEPT CHECKS!! VISA, M.C, DISCOVER CARDS AND CASH ONLY

Owners/owners agent name (print)

\_\_\_\_\_

Owner/owners agent signature

\_\_\_\_\_

Date\_\_\_\_\_



## Medical release form

This is a required form for all patrons of Tolland Tails LLC.

First and foremost the safety and well-being of your pet(s) is of the highest importance to us. Ensuring 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 pet owners 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 any service that we provide, it is imperative that we are immediately able to get them medical treatment at the closest medical facility. We will call ahead to the veterinary office in closest proximity geographically to us to ensure they can handle the emergency presented. We notify the owner after we have secured a medical treatment center to avoid delays. Our goal is to get your pet medical attention as quickly as possible.

For that reason, it is required that all pet owners sign this form and provide up-to-date contact information including an emergency contact to make decisions on your behalf if you are unreachable.

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

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Alternate Phone (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

We always prefer to contact and use your primary veterinarian first, however, in the event that they are unavailable we will transport your pet to Tolland Veterinary Hospital, Tolland, CT for immediate and capable care as deemed necessary by the staff of Tolland Tails LLC. in their sole discretion.

**If there is any particular veterinary practice(s) or facilities you DO NOT give authorization to treat your pet, please list below.**

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**Owner Initial**\_\_\_\_\_



## Vaccine Requirements

### **Required:**

Rabies

Bordetella (every 6 months recommended, will accept yearly)

Town Dog License

### **Recommended:**

Distemper

Strongly recommend flea/tick prevention

**\*IF YOUR DOG DOES HAVE A FECAL, IT MUST HAVE NEGATIVE RESULTS  
BEFORE ANIMAL COMES TO BOARD\***



## Dog Daycare & Boarding Application

Here at Tolland Tails LLC., it is our mission to provide a fun-filled, safe environment for our canine guests to enjoy leaving little worry to their families when they are left in our care. No one knows your dog better than you, so by providing us with the following information, it will help us to understand your dog's unique needs. We cannot wait to play with your canine companion!

### Owners Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Secondary Phone Number (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Email Address \_\_\_\_\_

If we cannot reach you in the event of an emergency, who should we contact regarding your pet?

Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

### Dog's Information

Name \_\_\_\_\_

Breed \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_

Veterinarian \_\_\_\_\_

What do you use for flea/tick control? \_\_\_\_\_

Does your dog have any medical conditions? Y N (If yes, please explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By submitting this application, I am requesting that the staff of Tolland Tails LLC evaluate and determine whether my pet may be suitable for participating in the Dog Daycare and/or Boarding programs. I understand and hereby agree that: Tolland Tails LLC, in order to admit my dog(s) to participate in such social activities, has relied on my representation that my dog is in good health and has not been ill with any communicable disease in the last 30 days, and I agree to inform Tolland Tails LLC, of any communicable disease that my pet contracts in the future. Further, my dog has not harmed or shown aggressive, threatening behavior toward any other person or dog. I am solely responsible for any harm caused by my dog, while it is attending Tolland Tails LLC. Tolland Tails LLC, and its staff will not be held responsible for any problems that develop, provided reasonable care and precautions are followed, and I hereby release them of any liability of any kind whatsoever arising from my dog's attendance in our provided services. I agree to abide by, and accept, all terms, conditions, and statements of this agreement.

Owners Name (printed) \_\_\_\_\_

Owners Signature \_\_\_\_\_ Date \_\_\_\_\_



## Tolland Tails Pet Profile

Please help us learn more about your pups!

Your name: \_\_\_\_\_ Date: \_\_\_\_\_

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

1. Which of the following best describes your dogs level of socialization with other dogs?

- None
- No knowledge of other dog interaction
- Minimal
- On leash encounters only
- Some off leash
- Occasional visitors (Family/Neighbors/Friends)
- Extensive (Frequent socialization/off leash parks/daycare)
- Other comments:

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2. Has your dog had any issues in the past on an off-leash social event?

- Y  N If yes, please describe:

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3. Does your dog dislike any of the following:

- Children
- Cats
- Small dogs
- Men
- Specific breed/gender dog Please describe:

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Other dislikes::

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4. Has your dog bitten another dog or person?

- Y  N If yes, please describe:

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5. Does your dog like to play:

- Toys
- Fetch
- Chase
- Tug
- Frisbee
- Keep away
- Chew on toys
- Other:

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6. Has your dog ever growled/snapped at another person or dog that has tried to take the toys away from them?

- Y  N If yes, please describe:

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7. Is your dog frightened by thunder storms or other loud noises?

Y  N If yes, please describe:

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8. Has your dog ever tried to jump/climb/dig/escape the house?

Y  N If yes, please describe:

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9. What obedience commands is your dog reliable to respond to?

- Sit
- Down
- Come
- Lead it
- Drop it
- Stay
- Other:

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10. How would you describe the energy level of your dog?

- Low
- Medium
- High

11. Any other details you would like to share?

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**Thank you for giving us the opportunity to get to know your  
pet better!**

Owners name (print) \_\_\_\_\_

Owners signature \_\_\_\_\_ Date: \_\_\_\_\_

For office use only

Interview date	Staff Member	Staff member
Handling	On leash	Off leash
Comments	Comments	Accepted