



Dream A Dream Dachshunds
 21630 Martin Lane
 Hutto, Texas 78634
 Phone: 512-799-6084
 Fax: 512-846-1815

Dog Boarding Contract

E-mail: sherry@dream-a-dream.com
 Web Site: www.dream-a-dream.com



Dogs Name	Age	Breed

In Case Of Emergency Notify		
Name	Address	Phone #
Vet:		

MEDICAL INFORMATION:

Current medications dog is taking and for what ailment: _____

Circle any of the following health problems your pet has experienced:

- | | | | | |
|-----------|---------------|----------------|----------------|-----------|
| Seizures | Heart Disease | Blindness | Deafness | Arthritis |
| Allergies | Ear Infection | Back Disorders | Past Surgeries | Other |

Detail of above circled: _____

Does your dog respond to his/her name when called? _____ Is your dog housetrained? _____

Does your dog urinate when approached? _____ Does your dog respond to owner's direction? _____

Does your dog engage in self mutilation? (Chewing on leg/licking raw spots etc.) _____

Has he/she been formally trained? _____ Has your dog bitten anyone? _____ If yes what where the circumstances

Is your dog kenneled at home or allowed to run free? _____ Have you ever boarded your dog before? _____

If yes how did your dog react? _____

In a stressful/new situation, circle any of the following that describes how your dog reacts:

- | | | | | |
|---------------|--------|----------------|----------|---------------------|
| Wildly Active | Active | Poised Assured | Reserved | Withdrawn/Lethargic |
|---------------|--------|----------------|----------|---------------------|

Does your dog climb/jump/chew through fencing of any type? _____

Does your dog have any other behavioral characteristics we have not asked about? _____

When your pet is around strangers does he/she GROWL HIDE JUMP BITE WET/COWER NONE OF THESE

Does your pet become unreasonably anxious when he/she is left alone? _____

Please write down a few things (good or bad) that you would like us to know about your best friend(s) that will give us a better understanding for his/her care: _____

Please check the appropriate activities you would like your dog to engage in while at Dream A Dream:

\$10.00 Fun Day _____

\$15.00 Daily _____

\$30.00 Daily _____

Stay for the Day and Play

Basic Boarding - Nursery Area

Includes Access to all home amenities, back 1/2 acre lot to run, bath, ears, and nails included before going home, and a daily walk.

Drop Off:

Date _____

Time _____

Pick Up:

Date _____

Time _____

Pick up after 12:00 noon is an additional Day of boarding.

FOOD:

Purina Pro Plan _____

Special Diet _____

Supplied by Kennel
Owner Supplied)

_____ Bath before going home \$10.00 _____ Clip Nails \$2.00

_____ Walk/Hike 20 minutes \$7.00 Session X's _____ Daily X's _____ Days

_____ Monitored Group Play 20 minutes \$7.00 Session X's _____ Daily X's _____ Days

_____ Pig Ears .50 Daily X _____ Days

_____ Greenies \$1.00 Daily X _____ Days

MEDICAL INFORMATION:

Does your dog have a reaction to (please circle): Rawhide Dog Bone Treats Pig ears Greenies

Explain: _____

All dogs boarding at Dream A Dream must be current on all vaccinations including Rabies and Bordetella. Please bring current shot records, your contract and all other information filled out with you when you arrive on your drop off day. Please feel free to call or e-mail with any further questions you may have.



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