



169 Hackensack Street, East Rutherford, NJ 07073

Phone: 201-370-2281

Boarding Agreement

Owner's Last Name _____ Pet's Name _____ Breed _____ Age _____

Owner's Address _____ City/State _____ Home# _____ Cell# _____

This Contract is between Le Pooch Chateau, LLC (hereinafter referred to as "LPC" and the pet Owner/or Designee whose signature appears below (hereinafter called the "Owner"). The term "pet" refers to all pets boarding with the same ownership.

Owner specifically represents that he/she is the owner of the above-named pet(s) or has been authorized by the Owner of the pet to enter this contract and as Owner's Designee.

Owner agrees to pay the rate \$ _____ per day/night for boarding

Owner understands that a cancellation fee (with the deposit of: \$ _____) will be charged if a reservation is cancelled or changed with less than 72 hours notice for extended days of 7 days or holiday weekends. Owner further agrees that the pet shall not leave the boarding facility until all charges are paid in full to LPC by Owner on day of check-out/pick up time, as specified by Owner. Established check in times and check out times are agreed upon within this Contract.

LPC reserves the right of * refusal to board if (1) Owner cannot show proof of medical records, more specifically, all pets must have been inoculated for the following vaccines: Rabies, Distemper & Bordetella (2) Pet is not spayed or neutered; (3) pet appears aggressive (4) Pet appears frail , / or aged pets) (5) Pets with behavior problems that are deemed a safety risk for staff and other boarding pets (6) puppies under 5 mos. old

Owner also confirms that by signing this Contract, Owner confirms that boarded pet does not have fleas and has been treated with flea/tick prevention prior to stay. Owner states by signing this Contract that if boarded pet shows flea infestation at time of check out—LPC is not to be held responsible—it would be, therefore, obvious Owner did not apply any flea prevention/tick or other, as is his/her responsibility and LPC is held harmless.

Owner releases LPC from and waives all claims and liability against LPC for, all losses, damages, costs, and expenses arising out of or in connection with any medical condition or injury suddenly arising and deemed unrelated to boarding confinement and in accordance with Owner's instructions as to consent to interact with other pets.

EMERGENCY PROCEDURES: If a life-threatening illness/injury occurs, LPC procedure is as follows:

*Immediately contact Owner or Designee at emergency contact #'s provided herein.

* If Owner or Designee is available for pick up—Owner agrees to make immediate arrangements for pick up

*LPC is not responsible for pet's medical condition once the pet has left the boarding facility. Payment in full is expected for length of stay prior to pick up.

*If Owner or Owner's designee contact is not reachable, LPC will act as 3rd party Designee and will contact the designated Animal hospital for emergencies which is: Oradell Animal Hospital, located at 580 Winters Ave, Paramus, NJ or if any other local veterinarian Hospital is open at such time of emergency

All related expenses for transport and any vet services will be an additional expense of said Owner and not the responsibility of LPC. Note: Pet will not be held at LPC facility for any length of time once an emergency has been established. It is LPC's policy to attend to all emergencies in an expeditious manner for the safety of the animal boarded.

Bedding & Toys: LPC is not responsible for any blankets, toys, or any other belongings that are brought with pet during stay. LPC will provide clean, washable bedding.

Pet Abandonment: Owner understands that if a pet is not picked up within 5 calendar days after the day pet is scheduled for pick up, pet shall be deemed "abandoned"—After exhausting all possible means of contacting Owner or owner's Designee, LPC will take appropriate measures to remove said abandoned pet from the boarding facility, and it is the Owner's responsibility to reclaim said pet from an assigned holding facility. Owner holds LPC harmless against any claims arising from such abandonment.

****EMERGENCY CONTACTS:**

In the event of an emergency, Owner can be reached at Phone# _____ Cell# _____

If I am unreachable, I authorize the following person(s) to act on my behalf for the emergency care of my pet:

Contact Name _____ Phone# _____ Cell# _____

Pet's Vet _____ Phone# _____

If Owner does not have an emergency contact and would like LPC to act as said emergency contact person(s) please sign and acknowledge that Owner is authorizing

Signature: _____ Date: _____

Requested Reservation and Agreed Date & Time

CHECK-IN: _____ CHECK-OUT: _____

DATE & TIME: _____ *AGREED UPON TIME OF CHECK-OUT: _____

_____ NIGHTS \$ _____ PER NITE + NJ SALES TAX 6.62%

ADDITIONAL CHARGES: _____

LESS DEPOSIT: _____

TOTAL BALANCE DUE: _____

NOTE: CHECK OUT TIME IS 12 NOON **No pick-ups after 7 p.m.

**Pick-ups AFTER 12 NOON, a Day Care Charge of \$25.00 will be applied-NO EXCEPTIONS

**Please note that LPC is an all-inclusive pet boarding facility. There is no additional charge for any playtime, extra outdoor time etc.

Otherwise Note: It is recommended that owner provide pet's food keeping with custom dietary needs. If food is not provided by Owner, LPC will provide the brand "Fromm "dog food and Owner will be charged additionally by size of dog. Large Dog: \$3.50 a day Small Dog: \$2.50 per day

I acknowledge, by signing this Contract, that I have read and understand Le Pooch Chateau's policies regarding the boarding of my pet (s). I agree to all terms and conditions of this Contract & Policy, and hold harmless Le Pooch Chateau, LLC against any claims that may arise during pet's stay due to undisclosed pertinent information.

Owner's Signature: _____

Print Name: _____ Date: _____

LE POOCH PET PROFILE

OWNER'S NAME: _____ PHONE: _____

PET'S NAME: _____ BREED: _____ AGE: _____

MALE: _____ FEMALE: _____ SPAYED/NEUTERED: _____

Please complete the following pet profile to be made part of your pet's boarding file. This will help us make your pet as comfortable as possible during their stay with us.

Are there any health issues we should know about? Yes _____ No _____

If yes, please briefly explain: _____

Does your pet get along with other dogs? Yes _____ No _____

Do you want your pet interacting with other dogs for playtime here? Yes _____ No _____

If so, do you want your pet to play with:

small dogs only _____ large dogs _____ doesn't matter _____

Is it safe to let pet play with squeaky toys (or do they rip and eat insides)? Yes _____ No _____

Does your pet have destructive tendencies? Are they known to rip up toys, blankets/beds, chew on wood, etc.? We DO NOT want them causing harm to themselves. Please, it is very important, and you need to let us know below if they do.

If your pet does not get along with other dogs, then he/she will have one on one time with a caretaker to satisfy his/her comfort needs because we want to make sure that they get the proper attention.

Briefly describe your pet's personality so we can provide your pet with quality care and make sure his/her stay here is as close to home as possible.

OWNER'S SIGNATURE: _____ DATE: _____



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MY PET'S FEEDING INSTRUCTIONS

NAME OF PET: _____

FEEDING SCHEDULE: 1x A DAY am time _____ pm time _____

2x A DAY am time _____ pm time _____

PLEASE WRITE FEEDING INSTRUCTIONS BELOW (BE CLEAR & CONCISE):

I DID NOT bring home-prepared food for my pet(s). Please feed my pet(s) Le Pooch Chateau's *Fromm Premium Dry Dog Food* at an additional daily charge of \$3.50 for large dogs and \$2.50 for small dogs.

*If your pet refuses to eat the provided food, we need your permission to add cooked chicken or sautéed chopped meat to their food to encourage them to eat. This will incur a one-time fee of \$10.00. If your feeding instructions require us to cook their meal with fresh food you provide (such as chicken livers, hearts, gizzards, rice, or vegetables), there will be a one-time fee of \$25.00. If we need to purchase any food, its cost will be added to your bill.

YES, I give LPC my permission to proceed with the above actions if my pet refuses to eat provided food.

- Dry Food provided for _____ # of days at \$3.50/day (large) & \$2.50/day (small) \$ _____
- Beef or Chicken added to the food you provided (one-time \$10.00 charge) \$ _____
- Cooked your pet's meal with provided fresh food (one-time \$25.00 charge) \$ _____
- If we had to purchase specific food for your pet (total cost added to the bill) \$ _____

Owner's Name: _____ Date: _____

