

Two Shields Dog Training Academy
Boarding Release Form

Owner's Name: _____

Address: _____

City _____ State _____ Zip _____

Phone Number: (____) _____ (____) _____
Home/Other Cell

Work Contact Info: _____ (____) _____
Place of Employment Phone Number

Email: _____

Emergency Contact: _____ Phone No. _____

1st Pet's Name: _____ Breed: _____

Spayed/Neutered **Yes or No** Birth Date: _____

2nd Pet's Name: _____ Breed: _____

Spayed/Neutered **Yes or No** Birth Date: _____

3rd Pet's Name: _____ Breed: _____

Spayed/Neutered **Yes or No** **Birth Date:** _____

Vaccinations Current/ Due: _____ **Initial:** _____

(Vaccines must be done prior to coming in)

Veterinarian Name and No. _____

Medications: Y / N Have medications been giving today? Y / N Which Dose? **AM / PM / BOTH**

Feeding Instructions: Brand Name: _____ Amount _____

How often do you feed? **1X / 2X / FREE** Do we need to entice with wet food? Y / N

1. Medication: _____ Instructions on Container or AS NEEDED

2. Medication: _____ Instructions on Container or AS NEEDED

3. Medication: _____ Instructions on Container or AS NEEDED

4. Medication: _____ Instructions on Container or AS NEEDED

Medication dosage changed per owner? Y / N **Initial:** _____

Medication Instruction per owner: _____

Special Alerts

- FLIGHT RISK, Describe:**
- OUT ON LEASH ONLY** **No Leash Outside**
- WATCH DURING FEEDINGS** **Separate Dishes**
- NO TREATS** **Pick Up Dish after _____ Mins**
- Other:**

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Pet Medical History: (ongoing or reoccurring known illnesses/injuries, treatments & medications)

Temperament/Personality:

Pet Doesn't Like:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Baths | <input type="checkbox"/> Hot Days | <input type="checkbox"/> Sharing Food Dishes |
| <input type="checkbox"/> Toenail Clip | <input type="checkbox"/> Rain / Snow / Cold | <input type="checkbox"/> Loud Noise / Vacuum / Thunder |
| <input type="checkbox"/> Massage | <input type="checkbox"/> New Animals | <input type="checkbox"/> All Humans |
| <input type="checkbox"/> Touch Ears | <input type="checkbox"/> Other family pets | <input type="checkbox"/> Strangers |
| <input type="checkbox"/> Sprays | <input type="checkbox"/> People near food dish | <input type="checkbox"/> |

Pet reacts to the above by:

Has Pet Ever:
situations)

Describe (even if mild, or under extreme/unusual

- Attacked someone/bit someone
- Attacked another animal
- Injured self /escaped out of fear
- Injured self out of boredom
- Escaped from home,

Where does he/she like to escape to?
How can he/she be retrieved?

Allowed to go for rides in sitter vehicle? Y / N
May play with other pet(s) for socialization? Y / N

Favorite Games, Toys, and Activities:

Comments:

Client/Owner Name:

Signature: _____ Date: _____

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*In the event that your pet (s) has an adverse reaction or a staff member observes anything abnormal during their stay with us, please allow our doctors to provide the necessary care for your pet (s).

**I authorize Two Shields Dog Training Academy to do what is in the best interest of my pet. (Owner will receive a courtesy call from a Doctor or Trainer after the patient is treated.) If time permits, a staff member will call before any procedure/treatments. However, if time does not permit or you are unreachable at the time, we ask you authorize Two Shields Dog Training Academy to treat your pet (s) in the amount of:

\$250 \$500 No Limit Other Amount \$ _____ Initial: _____

*All medical costs are due before pet (s) will be released to owner.

*If your pet is found to have fleas, treatment will be given at Owner's expense. **Initial: _____**

*For our guest we will provide all bedding, bowls unless otherwise specified. Therefore we strongly discourage any personal items at the Academy. In the event that you would still like to bring personal belongings, Two Shields DTA will not be held responsible for any damaged or lost items.

****Two Shields DTA WILL NOT be held liable for any unforeseen injuries to my pet (s) while they are being boarded with Two Shields DTA. In the event that my pets need to be separated or need medical attention, I understand, Two Shields DTA will do whatever is deemed necessary for my pets safety & welfare at my expense.**

Initial: _____

*** I'm requesting that my pets be boarded in the same kennel/run. Initial: _____**

****We do not recommend boarding puppies at Two Shields that are not fully vaccinated, as their immune systems are not fully developed. We take the utmost precautions to board them away from the main population.****

*** All payments owed to Two Shields are due before the pet will be released to owner. Owner will be charged \$50 per night that the pet is left in the care of Two Shields. After 30 days of non-payment, Two Shields will take ownership of pet. Pet will not be released to anyone, except the owner, unless written or verbal consent is given by owner.***

This Boarding Release form will be valid and apply to any and all animals, (even if not listed on form) that I place in the care of Two Shields DTA for all future visits regardless of their nature. Without exception It will be my responsibility to update contact information with Two Shields DTA.

For our Board and Train clients, your program includes an unlimited amount of Private Lessons for any concerns that arise after your pet returns home. Follow-up Private lessons will be scheduled by appointment. If the trainers of Two Shields, LLC recognize the need for multiple follow-up lessons is due to constant owner inconsistency at the home, then Two Shields, LLC reserves the right to stop assisting the owner with private lessons. Two Shields, LLC will do everything in it's power to help the owner understand how to continue training at home. If the owner refuses to follow the training advice of Two Shields, LLC once at home, then Two Shields, LLC will not be responsible for the inconsistency of the pet's behavior. We want owners to be happy with their dog's behaviors and actions and we will work hard with the owner to get the desired outcome they desire, but we cannot be held responsible for the actions of the owners once at home.

I HAVE READ THE FOLLOWING AND AGREE TO THE TERMS LISTED ABOVE:

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

Two Shields Dog Training

Two Shields Dog Training Academy
Boarding Release Form

Appointment Policy

We are a “by appointment only” business.

All Training Services MUST have
a scheduled **APPOINTMENT**
with the **TRAINER**

****This includes Private Lessons, Board and Train (drop-offs and pick-ups), Evaluations and Question and Answer Sessions****

APPOINTMENTS ARE APPOINTMENTS

*If you have to cancel, you must do so 24 hours before the scheduled appointment time, or there will be a \$20.00 fee charged to your account.

*If you are more than 10 minutes late for your appointment... You will have to reschedule.

*Boarding drop-offs and pick-ups DO NOT have to have an appointment,
but a guess-timated time would be appreciated.

*Boarding drop-offs should be here no later than 4:30 Monday through Friday, 1:30 on Saturday

Regular hours are:

Monday-Friday 8:00-11:00 and 1:00-5:00

Lunch 11am to 1pm

Saturday 10:00-2:00

Sunday 3:00-4:00 (Pick ups ONLY)

These hours are not set in stone and may, on occasion, change

We keep the door locked for safety reasons, since it opens out towards a busy highway.

If the door is locked when you arrive for your appointment just call and we will be right up.

**If for any reasons these hours do not work for you, Please contact Nana’s Services.
Office 903-838-3647 or for Nana’s Services only 903-206-1089**

SIGNATURE: _____

DATE: _____

Two Shields Dog Training Academy
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How did you hear about us:

Friend (name) _____ **Vet**(name) _____
Radio _____ **4 States Magazine** _____ **2 Shields Website** _____

Please initial each of the following statements to which you agree: I give the Two Shields Dog Training Academy LLC. permission to:

_____ post a picture which includes my pet on Two Shields Dog Training Academy LLC. web pages and Facebook.

_____ post my pet's first name on a list of awards and/or recognitions

I hereby give permission for pictures of my pet to be taken and potentially used for publication and/or promotion of the Two Shields Dog Training Academy LLC., Inc. in Springfield, Illinois. These pictures may be in print form or on the Two Shields Dog Training Academy LLC. website.

Name of Pet: _____

Owner Name: _____

Date: _____

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If the door is locked when you arrive for your appointment just call and we will be right up.

We will not unlock the door during off hours.

If for any reasons these hours do not work for you, Please contact Nana’s Services.

Customer Copy