

Nana's Services

Sleepover Release Form

By Two Shields Dog Training Academy

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: _____

SIGNATURE: _____ **DATE:** _____

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Nana's Services is at Karen Camp's home. It is a home environment so please let us know if your pet has any issues in that type environment.

*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, LLC and/or Nana's Services to do what is in the best interest of my pet. (Owner will receive a courtesy call from a Doctor or us 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, LLC and/or Nana's Services 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 Dog Training Academy will not be held responsible for any damaged or lost items.

****Nana's Service & Two Shields Dog Training Academy WILL NOT be held liable for any unforeseen injuries to my pet(s) while they are being boarded with Two Shields Dog Training Academy. In the event that my pets need to be separated or need medical attention, I understand, Two Shields Dog Training Academy 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: _____**

* My pets can be let out with others to play. **Initial: _____**

****Please tell us if your puppies is not finished with their puppy shots so we can take the precautions necessary. **We are not responsible for any unforeseen illnesses****

*** 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 Dog Training Academy, LLC and/or Nana's Services for all future visits regardless of their nature. Without exception. It will be my responsibility to update contact information with Two Shields Dog Training Academy, LLC and/or Nana's Services

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

SIGNATURE: _____ DATE: _____

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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 / Garbage Disposal / 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)

- 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?

Describe (even if mild, or under extreme/unusual

Allowed to go for rides in sitter vehicle? Y / N

May play with sitter's personal pet(s) for socialization? Y / N

Favorite Games, Toys, and Activities:

Comments:

Client/Owner Name:

Signature: _____ Date: _____

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<input type="checkbox"/> NOT allowed outdoors at all	<input type="checkbox"/> Allowed on furniture, counters, beds
<input type="checkbox"/> ONLY allowed outdoors on leash	<input type="checkbox"/> Restrict pet area/crate only when pet is alone
<input type="checkbox"/> Turn out, invisible fenced yard with collar	<input type="checkbox"/> Restrict pet area/crate at all times
<input type="checkbox"/> Turn out, secure fence: _____	Restricted Area/Crate Location:
<input type="checkbox"/> Turn out, no fence, but doesn't leave yard	Other off-limit areas:
<input type="checkbox"/> NOT allowed indoors	
Any Notes	
Initial: _____	Initial: _____