

**Ocean Sands K-9 Resort**  
**Boarding Information and Agreements**

|   |                  |                                |
|---|------------------|--------------------------------|
| Pet Name: _____                             | Age: _____       | Breed: _____                   |
| Color: _____                                | Gender: M    F   | Identifying Marks/Scars: _____ |
| Owner: _____                                | Contact #: _____ |                                |
| Home Address: _____                         | City: _____      | State: _____                   |
| Email: _____                                |                  |                                |
| Emergency Contact Name and Contact #: _____ |                  |                                |

**Check In and Out Information**

Check In Date: \_\_\_\_\_ Check Out Date: \_\_\_\_\_  
 Check In Time \*: \_\_\_\_\_ Check Out Time \*: \_\_\_\_\_

- \* Available Times Monday-Saturday except Holidays - 9a-4p by appointment only.
- \* Available Times Sunday & Holidays - 9a-11a / 2p-4p. An additional \$25.00 After Hours Service fee applies.
- \* Check in **prior** to Noon and Check out **after** noon are charged \$5.00/hr.
- \* Fees charged are due prior to check out unless prior arrangements have been made. Online payments only.

**Amenities**

**Spa Services**

|              |                       |                          |                      |                          |
|--------------|-----------------------|--------------------------|----------------------|--------------------------|
| Bath         | \$25.00 (Under 50lbs) | <input type="checkbox"/> | \$35.00 (Over 50lbs) | <input type="checkbox"/> |
| Nail Trim    | 10.00                 | <input type="checkbox"/> |                      |                          |
| Ear Cleaning | \$10.00               | <input type="checkbox"/> |                      |                          |
| Brush Out    | \$10.00               | <input type="checkbox"/> |                      |                          |

**Food**

|                         |                    |                      |                 |
|-------------------------|--------------------|----------------------|-----------------|
| Kennel Food - Dry       | \$1.00/Each Cup    | # Cups Per Day _____ | # of Days _____ |
| Peanut Butter BONEwhich | \$.50 Each Small   | How Many _____       |                 |
|                         | \$1.00 Each Medium | How Many _____       |                 |
|                         | \$1.25 Each Large  | How Many _____       |                 |

**Comfort**

Cot (Includes Bedding)      \$5.00/Day Per Cot      # of Cots \_\_\_\_\_      # of Nights \_\_\_\_\_

**Miscellaneous**

|  |  |                      |
|--|--|----------------------|
| Extra Play Time<br>(Weather Dependent)   | \$5.00/1 x Hr/Day  | Number of Days _____ |
| Extra Potty Breaks<br>Between 7:30a - 5p | \$5.00/Day   | Number of Days _____ |
| V,I,P, Pet Taxi                          | Price varies by service - Rates are listed on <a href="http://www.oceansandsk9resort.com">www.oceansandsk9resort.com</a><br>Schedule with office |                      |

**TERMS FOR CARE**

**Feeding Instructions**

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**Medical Information**

If your pet develops health problems or sustains an injury during their stay at Ocean Sands K-9 Resort, we will attempt to contact you or your listed emergency contact. If you or your emergency contact cannot be reached, you have the option of authorizing Emergency Medical Treatment. Your pet **can not** be treated without your authorization.

**Emergency Medical Authorization**

I authorize Ocean Sands K-9 Resort to have my pet evaluated and treated by Roanoke Island Animal Clinic in the situation my preferred Veterinarian is unavailable. I will pay for medical treatment not to exceed \$\_\_\_\_\_. My preferred Veterinarian is \_\_\_\_\_

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(Name, address, and phone number for normal business hours and after hours emergency)

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

I do not authorize Ocean Sands K-9 Resort to have my pet evaluated and treated in the event of a medical Situation. I agree to accept the outcome to my pet for declining medical treatment.

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

Describe pre-existing medical conditions & allergies your pet has \_\_\_\_\_

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List medication your pet is currently taking other than those administered by Ocean Sands K-9 Resort:

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List medications and instructions for medications to be administered by Ocean Sands K-9 Resort. Medications may be organized in a pill dispenser but original bottles are required: \_\_\_\_\_

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**Play Time**

Ocean Sands K-9 Resort uses an individual play model. We do not co-mingle non-family guests. While your pet is our guest, their safety, comfort, and well being are our primary focus.

**Fees, Discounts, and Payment Policies**

**Fees**

- ⇨ Boarding -
  - \$40.00 each Noon-Noon care period.
  - 38.00 each Noon-Noon care period for each subsequent guest in the same family.
  - 5.00 per hour per guest for check in before Noon and check out after Noon.
- ⇒ Day Stay Fee -
  - \$30.00 for care between 9a-4p.
- ⇒ Bark-By-The-Hour
  - \$ 5.00 per hour
- ⇨ Sunday & Holiday Check in/out
  - \$25.00

**Discounts**

- ⇒ Local, Military, First Responder, Bereavement and Medical discounts apply to boarding charges only.

**Payment Policies**

- ⇨ Payment for boarding fees are due 7 days prior to check in for 1st time guests.
- ⇨ All charges must be paid prior to check out.
- ⇨ Fees associated with boarding care and medical expenses must be paid in full prior to the pet checking out. An invoice for the amount due will be emailed from Intuit. There is a Pay Now button you use to pay from your checking, credit/debit card. Cash and paper checks are not accepted.

**Agreements**

- ⇒ Pet owner agrees to hold Ocean Sands K-9 Resort harmless for injuries and/or illness not within our control. Pet owner agrees to pay for any and all medical bills for treatment while in care.
- ⇒ Ocean Sands K-9 Resort requires all current core vaccinations, vaccinations required by North Carolina State Law, and bordetella (kennel cough). The kennel cough vaccination must be administered within 6 months of care but no sooner than 7 days for oral/intranasal and 28 days for SubQ.
- ⇨ Pets left for 7 days after their check out date without notice from the owner will be considered abandoned, become the property of Ocean Sands K-9 Resort, and relinquished to local Animal Control.
- ⇒ In the event circumstances beyond your control prohibit you from checking out your pet, you authorize Ocean Sands K-9 Resort to transfer the pet to the listed emergency contact.

Sign, Print, and Date that you understand and agree to abide by Ocean Sands K-9 Resort’s Terms for Care.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name