

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)	\$35.00 (Over 50lbs)
Nail Trim	10.00	
Ear Cleaning	\$10.00	
Brush Out	\$10.00	

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

TERMS FOR CARE

Feeding Instructions

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 _____

(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 _____

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

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: _____

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