



# *Intake Form*

**OWNER INFORMATION:**

Name/s: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The above-named person is authorized by me to:

Pick-up my dog(s) from boarding?     Yes    No

Make decisions for my dog(s) on my behalf in an emergency?     Yes    No

Make decisions for my dog(s) on my behalf in non-emergency situations?     Yes    No

**YOUR DOGS INFORMATION:**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Weight: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_     Male    Female    Spayed / Neutered

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Weight: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_     Male    Female    Spayed / Neutered

**VETERINARIAN INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH DOG LISTED ABOVE:**

Method of flea control and heartworm prevention: \_\_\_\_\_

Is your dog housebroken?  Yes  No

Does your dog go to the dog park?  Yes  No

Has your dog ever bitten a person or another animal?  Yes  No

If yes, please explain: \_\_\_\_\_

Has your dog ever exhibited aggressive behavior towards people or other animals?

If yes, please explain: \_\_\_\_\_

Has your dog ever been bitten or attacked by another dog?  Yes  No

If yes, please explain: \_\_\_\_\_

Has your dog ever escaped a fenced enclosure?  Yes  No

If yes, please explain: \_\_\_\_\_

Does your dog board well?  Yes  No  It is the first time

If no, please explain: \_\_\_\_\_

Does your dog take any medicine?  Yes  No

If yes, please provide the name(s), and dosis: \_\_\_\_\_

Rescued from a facility/shelter? Y/N      Rescue name and location: \_\_\_\_\_

Adopted from breeder? Y/N      Breeder name and Location: \_\_\_\_\_

Please describe any medical or physical problems, including allergies:

**Health Records**

The Owner agrees to provide a printout or letter from the veterinarian showing the dog's medical records for the past year. This information can be emailed to shannon@briggsrepublic.com by Vet Team. This document must show the dates of the following:

- Current Rabies Vaccination
- Current Bordetella Vaccination (Kennel Cough within the past 6 months)
- Current DHLPP Vaccination - Distemper, Hepatitis, Leptospirosis, Parvovirus, Parainfluenza
- Current Negative Heartworm (proof of current flea/tick/heartworm prevention also required)
- Negative fecal test (GIARDIA, OVA, and PARASITES)

**If exceptions for certain vaccines are requested, they must be requested with note from licensed Veterinarian approving the exception with explanation for your dog. All requests must be submitted to manager and approved by owner prior to drop off. Briggs Republic must meet licensing requirements by the Illinois State Department of Agriculture at all times.**



# Contract

This agreement ("Agreement") is made and entered into as of \_\_\_\_\_ (date) between \_\_\_\_\_ ("Owner") and **Briggs Republic Inc.**, also individually referred to as "Party", and collectively "the Parties".

## **Boarding, Grooming, Day Care, Dates and Times**

The Owner agrees to drop off the dog on days and times as scheduled through the website and by owner and pick up the dog on dates prearranged. If the Owner is unable to pick up the dog at the agreed-upon time, the Owner must contact the Facility for alternate arrangements.

## **Fees**

The Owner agrees to pay the current Facility fees for boarding services and day care services plus all additional upgrade options chosen at time of registration. Owner also agrees to pay any additional fees or charges incurred as a result of the dog's stay at the Facility. Any outstanding balances not paid within 30 days are subject to re-billing fees of 18% APR (.015/month), min. \$25 fee/month.

## **Dog Information and Health Records**

The Owner agrees to provide the Facility with the following information about the dog: Name, Age, Breed, Weight, and any Health issues.

The Owner agrees to provide a printout or letter from the veterinarian showing the dog's medical records for the past year. This document must show the dates of the following: Current Bordetella Vaccination (Kennel Cough within the past 6 months), Current DHLPP Vaccination - Distemper, Hepatitis, Leptospirosis, Parvovirus, Parainfluenza, Current Negative Heartworm (proof of current flea/tick/heartworm prevention also required).

## **Facility Rules and Regulations**

The Owner agrees to comply with all Facility rules and regulations regarding the care of the dog, including but not limited to feeding schedules, exercise schedules, and the use of any equipment or facilities. The Owner agrees to notify the Facility in advance of any special needs or requirements the dog may have. Owner acknowledges that dogs will commingle with other dogs at the facility.

## **Emergency Contact Information**

The Owner agrees to provide the Facility with contact information for themselves, as well as the name and contact information of the dog's veterinarian. In the event of an emergency, the Facility may contact the Owner or the veterinarian as necessary.

## **Liability and Indemnification**

The Owner acknowledges that there are risks associated with boarding a dog, including but not limited to injury, illness, or damage caused by the dog. The Owner agrees to assume all risks associated with boarding the dog at the Facility and agrees to hold the Facility harmless from any and all claims, damages, or expenses arising from the dog's stay at the Facility. The Owner agrees to pay any costs associated with damages caused by the dog to the Facility or any other person or animal.

## **Termination and Cancellation Policy**

Either party may terminate this Agreement at any time by giving written notice to the other party. The Owner agrees to pay any fees associated with the early termination of this Agreement. The Facility may terminate this Agreement if the Owner fails to comply with any of the terms and conditions outlined in this Agreement.

## **Pick-Up Responsibilities**

The Owner agrees to pick up the pet(s) on the scheduled day and time unless other arrangements have been arranged in advance and approved by Manager. Pet(s) will be boarded for the night if they are not picked up before the scheduled pick up times, and the Owner may pick them up after 6:00 am on the following working day. The Owner consents to pay any additional costs brought on by the pet(s)' prolonged stay at a minimum of \$30/day.

**Veterinary Care**

Although the Facility will use reasonable attempts to get in touch with the Owner if the Pet(s) gets ill, the Owner hereby grants the Facility permission to act in the Pet(s)' best interests, including seeking veterinary care. Until the Owner is located and accessible to negotiate additional care and charges with the attending veterinarian, the Owner agrees to pay all applicable costs involved with the treatment of the pet(s). Transportation of pets by Briggs staff will be charged minimally at \$50.

**Photography**

The Owner gives permission for images and videos of their dog to be used for promotional purposes on the website, social media, and/or in marketing materials. The Owner gives permission to use any video or photographs taken of the Dog(s) in any future marketing efforts whether online or print.

**Entire Agreement**

This Agreement constitutes the entire understanding between the Owner and the Facility and supersedes all prior agreements and understandings, whether written or oral, relating to the subject matter of this Agreement.

**Governing Law**

This Agreement shall be governed by and construed in accordance with the laws of the State of Illinois. *By signing below, the Owner acknowledges that they have read and understand the terms and conditions of this Agreement and agree to be bound by them.*

\_\_\_\_\_ **Owner Signature** \_\_\_\_\_ **Date**

*Veterinarian Release*

**Veterinarian Release**

Veterinarian: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Dear veterinarian, my dog(s) or cat(s) \_\_\_\_\_ will be in the care of **BRIGGS REPUBLIC INC.** while I'm away and/or while they are being groomed, and they have been given the go-ahead to bring my pet(s) to your office for scheduled appointments or in case of an emergency. I give you permission to care for my pet(s), and I agree to pay for it when I get back.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Owner Name (Print)

\_\_\_\_\_  
Date

Name: \_\_\_\_\_

Sex:  M  F

Breed: \_\_\_\_\_ Age and DOB: \_\_\_\_\_

Health Concerns? \_\_\_\_\_

Type of Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ How often: \_\_\_\_\_

Favorite Places: \_\_\_\_\_ Favorite Toys: \_\_\_\_\_

How/When does your dog feel most loved? \_\_\_\_\_

Quirks or Personality Traits to be Aware Of: \_\_\_\_\_

Triggers/Fears to be Aware Of: \_\_\_\_\_

Bathroom Break Routine: \_\_\_\_\_

Food Types, Feeding Times, Quantity (add additional information as needed):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Snack Habits: \_\_\_\_\_  
\_\_\_\_\_

What else should we know about your dog? What is their normal daily routine?  
Please use as much space as needed! We want to best accommodate your dog.

\_\_\_\_\_  
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