

# DOGGY BED & BREAKFAST

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## BOARDING AGREEMENT

Date \_\_\_\_\_

Client Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Out-of-town  
phone number  
(if applicable) \_\_\_\_\_

Name and  
number of local  
friend/relative \_\_\_\_\_

Name of Pet #1: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Age: \_\_\_\_ Birthday: \_\_\_\_\_ Neutered/spayed: \_\_\_Yes \_\_\_No Vaccinations current: \_\_\_Yes \_\_\_No

Name of Pet #2 \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Age: \_\_\_\_ Birthday: \_\_\_\_\_ Neutered/spayed: \_\_\_Yes \_\_\_No Vaccinations current: \_\_\_Yes \_\_\_No

If vaccinations are not current, please explain: \_\_\_\_\_  
\_\_\_\_\_

NOTE: Pets must be completely free of fleas, ticks, and any contagious illness.

Person to contact \_\_\_\_\_  
in case of  
emergency:  
Phone: \_\_\_\_\_

Veterinarian \_\_\_\_\_  
Name: \*\* \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Do I have your permission to take your pet to the veterinarian if necessary?  Yes

\*\* Should your Veterinarian be unavailable, your dog will be taken to the Animal Medical Center, a state-of-the-art facility located at 510 East 62nd Street, New York, NY, Open 24/7.

Feeding \_\_\_\_\_  
Instructions \_\_\_\_\_  
and/or Special \_\_\_\_\_  
Needs: \_\_\_\_\_

If medications are to be administered, please include a separate page with instructions.

Is your pet fully housebroken (i.e., free of 'accidents' in your home)?  Yes  No

If no, explain in \_\_\_\_\_  
detail: \_\_\_\_\_  
\_\_\_\_\_

Behavioral quirks: Dog aggression, dislikes children; fear of storms, traffic; chewing shoes, pillows; even small things, i.e., doesn't like back feet touched, etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear \_\_\_\_\_  
about Doggy  
B&B?

A Daily Blog of your dog's vacation is available. If you wish to receive this, please give the e-mail address to be used.  
E-mail: \_\_\_\_\_

