



# The Dog Wash & Grooming, INC.

46147 National Road  
St. Clairsville, OH 43950  
Phone: 740.296.5495  
Fax: 740.449.2197

Web: [thedogwashandgrooming.com](http://thedogwashandgrooming.com)  
Email: [info@thedogwashandgrooming.com](mailto:info@thedogwashandgrooming.com)

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

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

**Emergency Contact Information- Please tell us who you would prefer we contact in case of emergency**

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

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

**If anyone other than the owner has permission to pick up your pet, please list their names below.**

\_\_\_\_\_

Veterinarian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of last Veterinarian visit: \_\_\_\_\_

Pet's Name(1): \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Markings \_\_\_\_\_

Age \_\_\_\_\_ Distinguishing physical characteristics \_\_\_\_\_

Spayed \_\_\_\_\_ Neutered \_\_\_\_\_ Allergies \_\_\_\_\_

**Medications: (Please list the name of the medicine and what it is used to treat, along with dosage)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of last DHLPP (Distemper, etc.) inoculation: \_\_\_\_\_ Expiration: \_\_\_\_\_

Is your dog vaccinated for (Bordetella) Kennel Cough: Yes \_\_\_\_\_ No \_\_\_\_\_ Expiration: \_\_\_\_\_

Rabies expiration date: \_\_\_\_\_

*(PLEASE ATTACH SHOT RECORDS TO THIS CONTRACT)*

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

Pet's Name(2): \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Markings \_\_\_\_\_

Age \_\_\_\_\_ Distinguishing physical characteristics \_\_\_\_\_

Spayed \_\_\_\_\_ Neutered \_\_\_\_\_ Allergies \_\_\_\_\_

Medications: (Please list the name of the medicine and what it is used to treat, along with dosage)

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Date of last DHLPP (Distemper, etc.) inoculation: \_\_\_\_\_ Expiration: \_\_\_\_\_

Is your dog vaccinated for (Bordetella) Kennel Cough: Yes \_\_\_\_\_ No \_\_\_\_\_ Expiration: \_\_\_\_\_

Rabies expiration date: \_\_\_\_\_

*(PLEASE ATTACH SHOT RECORDS TO THIS CONTRACT)*

Pet's Name(3): \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Markings \_\_\_\_\_

Age \_\_\_\_\_ Distinguishing physical characteristics \_\_\_\_\_

Spayed \_\_\_\_\_ Neutered \_\_\_\_\_ Allergies \_\_\_\_\_

Medications: (Please list the name of the medicine and what it is used to treat, along with dosage)

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Date of last DHLPP (Distemper, etc.) inoculation: \_\_\_\_\_ Expiration: \_\_\_\_\_

Is your dog vaccinated for (Bordetella) Kennel Cough: Yes \_\_\_\_\_ No \_\_\_\_\_ Expiration: \_\_\_\_\_

Rabies expiration date: \_\_\_\_\_

*(PLEASE ATTACH SHOT RECORDS TO THIS CONTRACT)*

**Does your Pet(s) have any physical or medical problems which require special attention?**

**Please describe in detail, including, surgeries, procedures, or injuries:**

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

Please complete the following information for each Pet so we can provide you and your Pet(s) the best boarding experience possible!

Pet's Name(1): \_\_\_\_\_

Has your Pet been boarded before? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is your Pet typically crated? Yes \_\_\_\_\_ No \_\_\_\_\_  
Does your Pet experience anxiety/separation issues? Yes \_\_\_\_\_ No \_\_\_\_\_  
Has your Pet ever escaped a fence (over or under)? Yes \_\_\_\_\_ No \_\_\_\_\_  
Does Pet like to dig to escape? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is your Pet a "runner" or "wanderer"? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is your Pet a rescued Pet? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, was your Pet previously abused? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_  
If so, please explain: \_\_\_\_\_

Is your Pet a destructive chewer? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, is there anything you prefer your Pet to chew on to avoid injury? \_\_\_\_\_

How does your Pet get along with other Pets? (Please explain)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does your Pet get along with people? (Please explain)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your Pet ever bitten and/or attacked another animal or person? If so, please describe the circumstances surrounding the event:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What else would you like us to know about your Pet? (for example, do they have a fear of thunderstorms, fireworks or loud noises?) Please list anything we should know in order to make their stay the most comfortable?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list some of your Pet's favorite activities: (Playing ball, Frisbee, Tug of War, Water play, Brushing, Massaging, and don't forget the Belly Rubs!)  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
Please complete the following information for each Pet so we can provide you and your Pet(s) the best boarding experience possible!

Pet's Name(2): \_\_\_\_\_

Has your Pet been boarded before? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is your Pet typically crated? Yes \_\_\_\_\_ No \_\_\_\_\_  
Does your Pet experience anxiety/separation issues? Yes \_\_\_\_\_ No \_\_\_\_\_  
Has your Pet ever escaped a fence (over or under)? Yes \_\_\_\_\_ No \_\_\_\_\_  
Does Pet like to dig to escape? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is your Pet a "runner" or "wanderer"? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is your Pet a rescued Pet? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, was your Pet previously abused? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_  
If so, please explain: \_\_\_\_\_

\_\_\_\_\_  
Is your Pet a destructive chewer? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, is there anything you prefer your Pet to chew on to avoid injury? \_\_\_\_\_

\_\_\_\_\_  
How does your Pet get along with other Pets? (Please explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does your Pet get along with people? (Please explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your Pet ever bitten and/or attacked another animal or person? If so, please describe the circumstances surrounding the event:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What else would you like us to know about your Pet? (for example, do they have a fear of thunderstorms, fireworks or loud noises?) Please list anything we should know in order to make their stay the most comfortable?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list some of your Pet's favorite activities: (Playing ball, Frisbee, Tug of War, Water play, Brushing, Massaging, and don't forget the Belly Rubs!)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Please complete the following information for each Pet so we can provide you and your Pet(s) the best boarding experience possible!

Pet's Name(3): \_\_\_\_\_

Has your Pet been boarded before? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is your Pet typically crated? Yes \_\_\_\_\_ No \_\_\_\_\_  
Does your Pet experience anxiety/separation issues? Yes \_\_\_\_\_ No \_\_\_\_\_  
Has your Pet ever escaped a fence (over or under)? Yes \_\_\_\_\_ No \_\_\_\_\_  
Does Pet like to dig to escape? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is your Pet a "runner" or "wanderer"? Yes \_\_\_\_\_ No \_\_\_\_\_  
Is your Pet a rescued Pet? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, was your Pet previously abused? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Is your Pet a destructive chewer? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, is there anything you prefer your Pet to chew on to avoid injury? \_\_\_\_\_

How does your Pet get along with other Pets? (Please explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does your Pet get along with people? (Please explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your Pet ever bitten and/or attacked another animal or person? If so, please describe the circumstances surrounding the event:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What else would you like us to know about your Pet? (for example, do they have a fear of thunderstorms, fireworks or loud noises?) Please list anything we should know in order to make their stay the most comfortable?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list some of your Pet's favorite activities: (Playing ball, Frisbee, Tug of War, Water play, Brushing, Massaging, and don't forget the Belly Rubs!)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**The Dog Wash & Grooming, INC.**  
**46147 National Rd West**  
**St. Clairsville, Oh 43950**  
**Boarding Contract**

*This is a contract between The Dog Wash & Grooming, Inc., known hereafter as DW&G, and the pet owner. DW&G agrees to exercise reasonable care and to keep kennel premises sanitary and properly enclosed for the safety and well-being of the pet(s) in their care. The pet(s) are to be fed, medicated, and cared for properly and to be housed in clean, safe quarters. All pets are boarded or otherwise handled or cared for by DW&G without liability on DW&G's part for loss or damage from disease, theft, fire, death, running away, injury or harm to persons, other animals, or property by said dog, or other unavoidable causes with due diligence and care having been exercised.*

*Due to the social nature of a kennel, there are some inherent risks. These risks may include, but are not limited to: transfer of communicable diseases such as Canine Papilloma Virus (Puppy warts) and Kennel Cough. Injuries may include, but are not limited to: broken nails, sore feet, puncture wounds, abrasions and cuts. These injuries are generally benign and can typically be managed by our staff or at home. In some cases, veterinary care may be required.*

*If your pet becomes ill or your pet's behavior endangers itself, other animals, or persons, DW&G, in its sole discretion, may engage the services of a veterinarian. All attempts will be made to contact the Pet owner first: however, in the event of an extreme emergency, the well-being of the Pet will be the priority. Medical attention and medication may become necessary and will be administered under the direction of a veterinarian. The undersigned Pet Owner gives the veterinarian complete authority to treat the Pet in whatever manner deemed necessary. Owner will be responsible for all veterinary charges upon release of the Pet. The Pet Owner also gives full authority for the treating veterinarian to discuss with DW&G any aspect of any illness or injury that DW&G has presented for treatment. We reserve the right to treat with over the counter medicine if DW&G staff find it necessary. DW&G has the right to decline service for any dogs or cats brought in with open wounds or injuries that require veterinarian care. If the wounds or injuries are not disclosed at drop-off then the owners may be called back to pick up their pets.*

*Pet Owner specifically represents to DW&G that their Pet has not been exposed to rabies or distemper within a thirty (30) day period prior to boarding. DW&G requires proof of current Rabies, DHLPP, and Bordetella (Kennel Cough) vaccinations. We require a Bordetella vaccination every twelve (12) months. The Bordetella vaccine is not 100% effective and it is recommended that dogs be given the vaccine at least two (2) weeks prior to Pet's arrival in order to increase efficacy. All Pets are checked for external parasites such as fleas and ticks upon arrival. If any are found, the Pet will be treated for the parasites and will be treated accordingly to DW&G policy, and Pet Owner will be responsible for those expenses.*

*Pets are to be dropped off and picked up based on appointment time. If pet is not picked up at the appointed time an extended wait may occur. In some circumstances an additional night stay may be necessary at the owner's expense.*

*Cats are required to be up to date on Rabies and FVRCP.*

*We are an interactive pet boarding facility. This means we require all dogs and cats to be spayed or neutered by 6 months of age. Any exceptions require the authorization of management and will be only during off peak months. The DW&G is not responsible for any dog or cat that may become pregnant while staying at the DW&G.*

*If a dog or cat has a reservation for a room but is better suited for a crate, we have the authority to move them if it better suits their needs while boarding.*

*The DW&G has the ability to group dogs based on our discretion.*

*It is understood by the DW&G that all provisions of this Contract shall be binding upon both parties thereunto for this visit and all subsequent visits.*

*By signing this Contract, Pet Owner certifies the accuracy of all information given about the Pet and accepts the terms of this Contract. The Owner specifically represents that he or she is the owner of the Pet.*

*Owner authorizes DW&G to use pictures of their Pet taken while on the premises, participating in DW&G activities, for its website and other promotional materials.*

*This Contract contains the entire agreement between the parties.*

\_\_\_\_\_  
Signature of DW&G Representative    Date

\_\_\_\_\_  
Signature of Pet(s) Owner

\_\_\_\_\_  
Date

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

### **“Leash Laws”**

- **All dogs must arrive and depart with a collar and leash**
- **Drop off and Pickups must be scheduled during DW&G office hours**
- **All vaccines must be up to date, and records must be given to DW&G upon check in**
- **Please label all items brought with your pet’s belongings**
- **Please have food individually separated for meals**
- **Please have medication sheet filled out upon arrival**
- **Please leave all dog beds, blankets, toys, bowls, and other items at home. We will provide comfortable cots and blankets, as well as toys to play with.**
- **We are not liable for any items you bring, and cannot guarantee they come home clean or intact**
- **All pets must be on a flea prevention program prior to staying at the DW&G**
- **Limited office hours on Thanksgiving, December 24, December 25, December 31, January 1, and Easter Sunday**
- **All dogs over 50 pounds will have a day board trial to ensure safety of the dog, staff, and other boarders**

**These rules are to keep your best friend safe and to allow them to have a “dog-gone” good time!**

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

### Medication Sheet

\*Make sure all medication is clearly labeled with pets First and Last name

Pet's Name: \_\_\_\_\_

1) Name of Medication \_\_\_\_\_

Doseage: \_\_\_\_\_

How many times per day/time given: \_\_\_\_\_

How is it administered: \_\_\_\_\_

Prescribing Vet: \_\_\_\_\_

2) Name of Medication \_\_\_\_\_

Doseage: \_\_\_\_\_

How many times per day/time given: \_\_\_\_\_

How is it administered: \_\_\_\_\_

Prescribing Vet: \_\_\_\_\_

3) Name of Medication \_\_\_\_\_

Doseage: \_\_\_\_\_

How many times per day/time given: \_\_\_\_\_

How is it administered: \_\_\_\_\_

Prescribing Vet: \_\_\_\_\_

4) Name of Medication \_\_\_\_\_

Doseage: \_\_\_\_\_

How many times per day/time given: \_\_\_\_\_

How is it administered: \_\_\_\_\_

Prescribing Vet: \_\_\_\_\_