



Your Best Friend's Home Away From Home!™

www.RoverRetreat.com

17731 W. Colfax Avenue, Golden, CO 80401 Phone: 303-215-0413 Fax: 303-384-3298

Daycare & Boarding Policies

Our mission is to provide a clean, healthy, safe, positive and fun environment for dogs. To ensure the safety and health of your dog(s) and the other dogs under our care, we require all of our clients to comply with the following:

- All dogs must be 4 months or older. They must be spayed or neutered by 7 months.
- All dogs must have up-to-date vaccinations. Owners must submit written proof that their dog(s) have received Rabies, Distemper, and Bordatella (kennel cough). We also recommend the Canine Influenza Vaccine (CIV), but do not require it at this time.
- All dogs must be in good health. Clients need to certify that their dog(s) are in good health and have not been ill with a communicable condition in the last 30 days. Dogs who have been ill with a communicable condition in the last 30 days will require veterinarian certification of health to be admitted or readmitted.
- All dogs must be non-aggressive towards people or other dogs. Clients will need to certify that their dog(s) have not harmed or shown any aggressive or threatening behavior towards any person or any other dogs. Please remember that your dog will be spending a lot of time with other dogs and that their safety and health is our main concern.
- A trial day of daycare is required for all dogs. We do not do trial days on the weekends.
- Dogs must not be able to jump a 6-foot privacy fence.
- Dogs must have a collar with a quick release snap. No choke chains allowed.
- All clients must fill out a complete, up-to-date application.
- Fees for new clients are due and payable at drop off. Established customers can pay at pickup. We accept Cash, Discover, MasterCard, and Visa. (Sorry - no checks please)
- A late charge of \$1 per minute may be charged if an employee has to stay late to accommodate you.
- **Reservations are required for both daycare and boarding visits.**

HOLIDAY POLICY: We require a non-refundable deposit of 2 nights for any holiday reservation. If your plans change and you need to cancel up to 14 days prior to your reservation, we will keep the deposit as a credit for a future service. If you cancel within 14 days of your reservation it will be converted to a cancellation fee.

Hours of Operation:

Monday - Friday 7AM to 12PM and 2PM to 7PM, CLOSED for nap time 12PM to 2PM

Weekends and Holidays 7AM to 10AM and 4PM to 7PM, CLOSED for nap time 10AM to 4PM

For your dog's sake, please drop dogs off at least **ONE HOUR** prior to closing time!!

Client Information

Name _____

Address _____

City/State/Zip _____

Email Address _____

Phone Number (s) _____

Home _____ Work _____

Cell _____ Other Phone _____

How did you hear about us?

Drove By	General Search (Google, Yahoo, etc.)	Better Business Bureau	Social Media (Facebook, yelp, twitter)
Rover Retreat Client	Colorado Association of Dog Daycares	Hobo Care Boxer Rescue	Rescue group/shelter
Word of Mouth	Veterinarian	Other (please specify):	
If you were referred to us, who can we thank for your visit today?			

Are you police, fire, or military?

Do you work for Jefferson County?

Emergency Contact(s)

Please provide someone **THAT WILL NOT BE TRAVELLING WITH YOU** we can reach if we cannot reach you.

This is in case **SOMETHING HAPPENS TO YOU** while your dog is with us -
they should know where we should take your dog if you can't get back!

Name(s) _____

Phone Number(s) _____

Pet Information

Dog Name(s)	_____	_____	_____
Breed(s)	_____	_____	_____
Sex	M/F	M/F	M/F
Birth Date	_____	_____	_____
Spayed/Neutered	Yes/No	Yes/No	Yes/No
Weight	_____	_____	_____

Health Conditions? Is your dog taking any medications we should know about? Yes/No

If YES, state law reads: "Boarding/training facilities acting as agents for the owner may administer prescription medication to pet animals being boarded as directed by the owner's veterinarian. If the operators agree to administer prescription medications, the medications must be in the original container issued by veterinarian or pharmacy and administered according to label directions. The label must include: client name/pet name, dosage, drug name, veterinarian's name, and date issued."

Fears (thunder, vacuum cleaners, etc.)

Other Concerns

Veterinarian _____

Phone/Address _____

Health and Temperament Certification

I certify that my dog(s) are in good health and have not been ill with any communicable disease in the last 30 days. I certify that my dog(s) have not harmed or shown aggressive or threatening behavior towards any person or dog. I certify that the attached copies of vaccination records have not been altered in any way.

Client Signature	Date
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Client Agreement

I understand and agree that I am solely responsible for the behavior and acts of my dog. I am financially responsible for any damage or injury caused by my dog(s) while my dog(s) is attending Rover Retreat Daycare and/or Boarding programs. I agree to indemnify Rover Retreat against any and all claims for injuries or illness arising out of the boarding and keeping of my dog(s).

_____ *Please Initial*

I understand and agree that Rover Retreat shall not be liable for any costs, injuries, or damage, including, but not limited to, the loss of my dog(s), relating to or resulting from its escape from the fenced area of the facility except in the case of gross negligence by Rover Retreat.

_____ *Please Initial*

I understand and agree that due to the inherent nature of dogs, my dog(s) may injure itself or be injured by another dog despite the exercise of reasonable and diligent care by Rover Retreat, and hereby voluntarily assume the risk of any such damage or injury.

_____ *Please Initial*

You will be contacted if we seek veterinary care for your dog(s). I understand and agree that IF WE CANNOT REACH YOU any problem that develops with my dog(s) will be treated as deemed best by the staff at Rover Retreat at their sole discretion, and that I assume full financial responsibility for any and all expenses incurred due to illness.

_____ *Please Initial*

I understand and agree that if my dog dies while in the care of Rover Retreat, the staff will deliver my dog to my veterinarian to be held unless we are instructed otherwise by you.

_____ *Please Initial*

I understand and agree that during my dog(s) stay at Rover Retreat, he/she will be in direct contact with other dogs in the common area. *I understand that in any group environment dogs may be exposed to communicable diseases, just like kids in school. This includes (but is not limited to) illnesses like kennel cough. You are encouraged to discuss any questions or concerns you may have about this with a Rover Retreat employee. As hard as we work to prevent illness through vaccinations, thorough cleaning and sanitizing, WE CAN NOT GUARANTEE YOUR DOG WILL NOT BECOME SICK!!*

_____ *Please Initial*

Per state regulations, dogs from separate households cannot be kenneled together EVEN IF BOTH OWNERS REQUEST IT. Dogs from the same household will be kenneled together unless you specifically request otherwise.

_____ *Please Initial*

I understand that Rover Retreat provides various types of kennels. We strive to make your dog(s) as comfortable as possible. Some dogs are more comfortable in a space with a cover and some are not. If we see any discomfort in your dog we will try various alternatives - including crates - to see where your dog is most comfortable. We always try a new situation for a dog over nap time during the week to make sure they are resting. If you do NOT want us to try your dog in a crate please inform us now.

_____ *Please circle one: Crate OK? YES NO Please Initial*

I understand and agree that if I request my dog to be bathed that he or she may be tethered during the bathing process to keep them from jumping out of the tub. At no time will my dog be left unattended while tethered.

_____ *Please Initial*

If your dog is on medication we must comply with state law, which reads: "Boarding/training facilities acting as agents for the owner may administer prescription medication to pet animals being boarded as directed by the owner's veterinarian. If the operators agree to administer prescription medications, the medications must be in the original container issued by veterinarian or pharmacy and administered according to label directions. The label must include: client name/pet name, dosage, drug name, veterinarian's name, and date issued."

_____ *Please Initial*

I understand and agree that if my dog is not picked up within 3 days of the expected pickup date and the staff has not been notified of a new pickup date, or you are not able to reach me or my emergency contact, Rover Retreat has the right to consider my dog(s) abandoned, and deliver my dog(s) to the nearest animal shelter.

_____ *Please Initial*

I understand that any pictures taken of my dog while in the care of Rover Retreat are the sole property of Rover Retreat and those images may be used for marketing purposes. This may include, but is not limited to, pictures in the lobby, the web site, Facebook and other social media and placement in marketing materials at the sole discretion of Rover Retreat. At any time you may request images of your dog and they will be provided to you for your use.

_____ *Please Initial*

I understand and agree that the rules and regulations shall be incorporated herein by this reference and become a binding part of this agreement. I certify that I have read and understand the rules and regulations set forth on this page and that I have read and understand the agreement. I agree to abide by the rules and regulations and accept the terms, conditions and statements of this agreement.

Client Signature _____

Date _____