

SALON DE CHIEN

110 Young Street
Youngsville, LA 70592
(337) 856-0441
www.Salondechien.com

Doggie Day Care/Boarding Application

Owner Information

Date _____

Name _____

Spouse Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Work _____ Spouse Cell _____

Email _____

Emergency Contact _____ Phone _____

Authorized Person to pick up your dog _____

Pet Information

Name _____ Breed _____

Sex: Male / Female Spayed / Neutered? Y N

Age _____ Color _____ Weight _____

Medical Information

Veterinarian _____ Phone _____

Flea Program _____ What Type _____

A flea program is highly recommended

Date of Vaccinations _____ Allergies _____

Owner must provide current proof of vaccinations on each pet

Owners Signature _____

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Doggie Daycare/Boarding Waiver & Authorization Form

Pets Name _____

Owners Name _____

1. I understand and agree that I am fully responsible for any harm or damage caused by my pet(s) to another dog, person or property while at Salon de Chien. I further understand and agree that Salon de Chien owner & staff will not be liable for any problems that may develop provided reasonable care and precautions were followed and taken, and I hereby released them of any liability, of any kind whatsoever arising from my dogs stay at Salon de Chien.
2. I understand that my pet will be playing and socializing with other dogs that I do not know while at Salon de Chien. I give permission to the owner and staff to decide if my dog and other dogs are compatible for playtime.
3. I understand and agree that Salon de Chien has relied on my representation that my dog is in good health and has never harmed or shown aggression to or made threatening behavior toward any person or dog that I have not mentioned in the documentation.
4. I understand that during normal dog play, my dog could incur injuries, parasites and/or illness while boarding. Salon de Chien monitors boarders and all precautions will be taken to lesson occurrences. Salon de Chien recommends all dogs to be on a flea program. To the best of our knowledge any occurrences will be pointed out when my dog is picked up.
5. I understand and agree any problems requiring medical attention in the case of not being able to reach me Salon de Chien will contact my vet or use a vet of their choice and make medical decisions on my behalf, excluding euthanasia, and that I will be fully responsible for all medical costs.
6. I understand that for the safety of other dogs and staff, Salon de Chien reserves the right to refuse admittance or re-admittance to any dog that shows signs of illness, aggressive, threatening or destructive behavior to other pets, staff or property, and may require I immediately pick up my dog if it is deemed necessary.
7. I understand and agree that if I fail to show proof of current vaccinations my dog will be not be allowed to stay at Salon de Chien.

I have read, understand and agree to all requirements in Salon de Chien's Waiver & Authorization form. I agree to accept all the terms, conditions and agreements for my dog to stay at Salon de Chien.

Owners Signature _____ Date _____

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Doggies Day Care/Boarding Questionnaire

Pets Name _____

Owners Name _____

Please answer the following questions for your dog

Behavior/Temperament in general _____

Ever shown possessive or aggressive behavior towards other dogs, toys, food or people?

Y / N If yes, please explain _____

Ever stayed at a boarding facility before? Y / N

If yes, how was the experience _____

Ever jumped or climbed a fence? If yes, what size? _____

Is dog known to dig or excessively chew? _____

(ex: chews bedding, furniture, walls, etc.)

Can your dog take food or treats without aggression? Y / N

If no, please explain _____

Ever been around large group of other dogs? Y / N

If yes, how was experience _____

Can your dogs be given treats and/or rawhides?

Any food allergies known _____

Additional information you would like us to know _____
