

**Boarding Packet** 



## **Welcome to Happy Hounds!**

73 Otis Lee Road, Petal, Ms 39465

We are so glad you have chosen us for the care of your pet! We work hard to make sure your pet feels comfortable and relaxed. Whether it's their first Boarding experience, or they're seasoned regulars, their wellbeing is central to everything we do.

## Pricing:

Boarding: \$35.00/night

\*Second dog from same family sharing a kennel \$24.00/night; Third dog \$20/ night.

Bath Before pick up based on size: \$25/small, \$30/medium, \$35/large, \$45/xlarge.

## Our hours for drop off:

Monday-Friday: 8-11am & 2-5pm

Saturday: 8-9am & 3-5pm

Sunday: 3-5pm

Please note: We are not open for check-in/check-out New Year's Day, Easter, Memorial Day, July 4th, Labor Day, Thanksgiving, and Christmas. Open AM hours only on Christmas Eve and New Years Eve, closed if they fall on a Sunday.

\*Dogs must be current on vaccinations administered by the vet.(Bordetella, Rabies, Distemper)

\*must be current on flea, tick, and heart worm preventative



## **Service Agreement**

This DOG BOARDING AGREEMENT ("Agreement") is made day of, 20, by
and between Happy Hounds LLC ("HAPPY HOUNDS") and
(hereinafter known as "Pet Owner"). Whereas, HAPPY HOUNDS wishes to provide dog
boarding and Pet Owner wished to accept such service on the terms and under the conditions
recited below; the Parties, intending to be legally bound, hereby agree as follows:

- 1. Prices for services are detailed in our Services & Pricing Guide and are subject to change. Payment for all services is required in advance. Cash, Check, and credit card payments are accepted.
- 2. HAPPY HOUNDS reserves the right not to accept a dog into the facility for any reason. All rules of the facility are subject to change at the sole discretion of HAPPY HOUNDS.
- **3.** Pet Owner certifies that he/she is the actual owner of the dog, or is the duty authorized agent of the actual owner whose name is entered above
- 4. Pet Owner represents and warrants that a) the dog is free of any infectious disease; b) the dog is current on all vaccinations, including DHPP (Distemper, Hepatitis, Parainfluenza, Parvo), Bordetella, and Rabies; c) the dog is free of contagious parasitic problems, whether internal or external (including fleas & ticks), and is free of any contagious skin disorder; d) the dog has not bitten or exhibited other aggressive behavior towards any person or animal except as has been disclosed to HAPPY HOUNDS on the boarding information packet. Pet Owner agrees to update and/or supplement this information and the information provided in the Dog Boarding Information Packet as necessary and to inform HAPPY HOUNDS of any changes with regard to any Pet Owner's dogs.
- **5.** Pet Owner is aware that the Happy Hounds facility is a dog boarding facility, and is aware that there is inherent risk of illness and injury when dealing with animals.
- 6. In the event that your dog becomes ill or injured while in the care of HAPPY HOUNDS we will attempt to contact you. If you are not available, we will contact your preferred veterinary clinic. At the discretion of HAPPY HOUNDS, your dog may be taken to your preferred vet or Emergency Vets. It is understood that all expenses incurred due to your dog's illness or injury are the sole responsibility of the Pet Owner. Any expenses due HAPPY HOUNDS are to be paid in full at the time you pick your dog up from HAPPY HOUNDS. We will not bill you or accept partial payment. Pet Owner authorizes HAPPY HOUNDS and its representatives to obtain medical treatment for the dog, in event of an illness or injury
- 7. TO THE MAXIMUM EXTENT PERMITTED BY LAW, Pet Owner agrees to release and hold harmless Happy Hounds, its members, owners, directors, officers, agents, and employees, and the owner of the premises (collectively "HAPPY HOUNDS" in this

section) from any and all liability for any injury or illness (including death or disappearance) suffered by Pet Owner's dog(s) while in HAPPY HOUND's care. Pet owner further agrees to indemnify, defend, and hold harmless HAPPY HOUNDS from and against any and all losses, liabilities, damages, claims, and expenses (including attorney's fees) arising or resulting from: a) any breach of the representations, warranties, or covenants contained in this Agreement, and b) any acts or behavior of the Pet Owner's dog(s) while in the care of HAPPY HOUNDS including injury to staff or other persons, animals, or property damage. In no event shall HAPPY HOUNDS be liable for special, consequential, exemplary, or punitive damages.

#### 8. Dispute Resolutions:

- A. **Good Faith Negotiation required**: In the event either party to the Agreement alleges the existence of a dispute or claim arising under or related to the Agreement, the parties shall be required to exercise good faith efforts to resolve the alleged dispute or claim prior to engaging in any other form of dispute resolution (i.e, mediation, arbitration, or other legal action).
- B. Written Notice Required: As a prerequisite to seeking any other form of dispute resolution (i.e, mediation, arbitration, or other legal action), either party to this Agreement alleging the existence of a dispute or claim arising under or related to the Agreement must first provide the other party with detailed written notice of the alleged claim or dispute. The detailed written notice must be sent to the other party via certified email, return receipt requested. The party alleging the claim or dispute must then allow the other party fifteen (15) business days from the date of receipt or refusal of the certified written notice before seeking any other method of dispute resolutions (i.e., mediation, arbitration, or other legal action).
- C. Mediation: If the parties are unable to resolve the alleged dispute or claim after Written Notice has been provided as specific hereinabove and after the expiration of the fifteen-day waiting period specified hereinabove, then Mediation shall be required before either party may seek any other form of dispute resolution. Any Claim or Dispute arising out of or related to the Agreement shall be subject to Mediation as a condition precedent to any other form of dispute resolution (i.e., arbitration, or other legal action). To initiate Mediation, the parties must exercise good faith efforts to agree on a disinterested Mediator to conduct the Mediation of the dispute/claim. If the parties are unable to agree on a Mediator, the parties shall each submit to one another the name of a proposed Mediator, and these proposed Mediators shall then choose and agree upon a third party, disinterested Mediator to conduct the Mediation.
- D. Mandatory Binding Arbitration: In the event the parties are unable to resolve the alleged dispute or claim after performing all of the prerequisite dispute resolution methods stated hereinabove (i.e., Written Notice, followed by Mediation), the dispute shall be resolved by binding Arbitration. The parties hereby specifically, knowingly and voluntarily choose Arbitration as the final means of dispute resolutions for any claims or disputes arising under this Agreement, and the parties specifically, voluntarily, and knowingly waive any right they may otherwise have to file a legal action in any other court of competent jurisdiction. The parties specifically waive any right to a trial by judge or jury, and instead agree that Arbitration shall be the sole means of final dispute resolution. Any Arbitration of disputes or claims arising under or related to this Agreement shall be conducted in accordance with the rules of the American Arbitration Association, by an Arbitrator appointed by the American Arbitration

Association to preside over the claim/ dispute. The parties may only utilize a method of dispute resolution other than Arbitration if both parties expressly and specifically agree in writing to forgo arbitration regarding a specific dispute, and to instead proceed in a court of competent jurisdiction.

- E. **Choice of Law:** Mississippi law shall govern all disputes or claims arising related to this agreement, and shall be deemed to be the Choice of Law for any such disputes. The parties agree that any dispute resolution method described hereinabove (whether mediation, arbitration, or other legal proceeding) shall take place in Forrest County, Mississippi, unless otherwise agreed to by the parties.
- 9. This agreement sets forth the entire agreement between the Parties with regard to the subject matter hereof. This agreement may be modified, superseded, or voided only upon the written and signed agreement of all the Parties.
- 10. Severability: The parties hereby agree and understand that if any portion of this Agreement is deemed by a court of competent jurisdiction (or by the appointed arbitrator) to be invalid, unenforceable or illegal, then any such portion shall be servable from the remainder of this Agreement, and all other provisions of this Agreement shall remain in full force and effect
- 11. Pet Owner represents that the information in the Dog Boarding packet and all other information provided to HAPPY HOUNDS in connection with boarding is true and accurate, and that HAPPY HOUNDS is responsible to rely on the accuracy of said information

I have read and understand the terms set forth above. I agree to abide by all the terms, conditions and statements of this Dog Boarding Agreement. This Agreement is valid from the date below.

Signature:	
Print Name:	Date:



### **Client Information**

It is important you provide all of the information below so that we have the correct contact information on file. Please note, Happy Hounds uses email to send invoices and confirmations of reservations or cancellations. Please be sure to provide a valid email address. If any of the information below changes, please contact us so that we may update your records.

#### **Primary Owner**

First Name:	Last Name:			
Address:		City:		
State:	Zip code:			
Please circle the pho	ne number that is best to	reach you during busin	ess hours:	
Home:	Work:	Cell		
Email Address:				
Your emergency contemergency, has acce	tact should be someone less to your home.	ocal and someone that,	in the event of an	
Emergency Contact I	Name:			
Number:				
Secondary Owner (a the care of your pet	authorized to schedule : )	service and make deci	sions regarding	
First Name:	L	ast Name:		
Home:	Work:	Cell		
Email Address:				



# **Boarding Information**

### **Pet Information**

Dog's Name:	Breed:		_ M / F Altered: Y / N	
Birthday				
How did you hear a	bout us?			
Do you administer r	monthly flea and tick and	d heart wor	m prevention? Y / N	
Date given:	How much do	es your pet	: weigh?	_
Rabies:	Bordetella:	DH	PP:	
Deworm:				
Does your pet have	any preexisting medica	l conditions	3?	
Does your pet like o	children? Y / N Strangers	s? Y / N Pu	ppies? Y / N	
Does your pet shree	d toys, pull stuffing out o	or destroy b	eds? Y / N	
What else would yo	u like to tell us about yo	our pet?		

### **Additional Information**

- 1. How often has your pet interacted with other pets? (dog parks, other daycare)
- 2. Has your dog ever growled or snapped at anyone over his/her food or toys? Y / N

	Has your pet ever shared food or toys with other animals? Y / N				
4.	Is your dog afraid of anything such as loud noises, thunderstorms, men?				
5.	Are there any other triggers we should know about?				
6.	Has your pet ever bitten, broken skin, or attacked any person or animal? Y / N				
7.	Is your pet a rescue? Y / N Is there any background knowledge you can share with				
Vet	Information and Release				
	nic:				
	ss: State:				
Addies	osoliyolate				
Zip:	Phone:				
	Phone:erstand that in the event of an emergency, Happy Hounds will seek appropriate				
I unde					
I under	erstand that in the event of an emergency, Happy Hounds will seek appropriat				
I under medica to the	erstand that in the event of an emergency, Happy Hounds will seek appropriate al treatment for my pet. I understand that every effort will be made to take my				
I under medicato the	erstand that in the event of an emergency, Happy Hounds will seek appropriate al treatment for my pet. I understand that every effort will be made to take my vet clinic specified on the emergency form in the situation permits, however,				
I under medica to the Happy	erstand that in the event of an emergency, Happy Hounds will seek appropriate al treatment for my pet. I understand that every effort will be made to take my vet clinic specified on the emergency form in the situation permits, however,				
I under medica to the Happy Furthe	erstand that in the event of an emergency, Happy Hounds will seek appropriate al treatment for my pet. I understand that every effort will be made to take my vet clinic specified on the emergency form in the situation permits, however, and Hounds has the authority to seek treatment at any veterinary clinic.				
I under medica to the Happy Furthe veterin	erstand that in the event of an emergency, Happy Hounds will seek appropriate all treatment for my pet. I understand that every effort will be made to take my vet clinic specified on the emergency form in the situation permits, however, and Hounds has the authority to seek treatment at any veterinary clinic.				
I under medica to the Happy Furthe veterin	erstand that in the event of an emergency, Happy Hounds will seek appropriate all treatment for my pet. I understand that every effort will be made to take my vet clinic specified on the emergency form in the situation permits, however, and Hounds has the authority to seek treatment at any veterinary clinic.  Exermore, I agree to reimburse Happy Hounds within 14 days of the incident for many fees and all related costs.				



## Photo and Social Media Release

I hereby grant Happy Hounds, its representatives and employees the right to take photographs of my pet in connection with the above- identified subject. I authorize Happy Hounds, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Happy Hounds may use such photographs of my pet with or without my name and for any lawful purposes, including for example such purposes as publicity, illustration, advertising, and web content. I have read and understand the above:

Signature		
Printed Name _		
Date		