



1494 Delta Ave Adair, IA 50002

641-740-0316

[thewheatleybarnllc@yahoo.com](mailto:thewheatleybarnllc@yahoo.com)

## APPLICATION FOR BOARDING AND/OR DOGGIE DAYCARE

DATE: \_\_\_\_\_

### OWNER INFORMATION:

Name (list all parents): \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Secondary phone/Name: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Person (if you are unavailable):

\_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Others authorized to pick up your pet(s):

\_\_\_\_\_

**PET INFORMATION:**

Pet's name: \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_  
Neutered or Spayed: Yes \_\_\_\_\_ No \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Breed: \_\_\_\_\_  
Color: \_\_\_\_\_ Weight: \_\_\_\_\_

**VETERINARIAN INFORMATION:**

Veterinarian / Clinic Name: \_\_\_\_\_  
Veterinarian Phone: \_\_\_\_\_  
Vaccination dates & next date due):  
Rabies \_\_\_\_\_ Next Due: \_\_\_\_\_  
Distemper Parvo \_\_\_\_\_ Next Due: \_\_\_\_\_  
Bordetella \_\_\_\_\_ Next Due: \_\_\_\_\_

**\* A COPY OF YOUR DOG'S VACCINATION RECORDS ARE REQUIRED PRIOR TO BOARDING OR DOGGIE DAYCARE.**

Is your dog currently being treated with flea and tick treatment? \_\_\_ Yes \_\_\_ No

**\* IN ATTEMPT TO KEEP WHEATLEY PAW HOTEL SAFE AND HEALTHY WE REQUIRE DOGS TO BE TREATED WITH FLEA AND TICK PREVENTATIVE PRIOR TO BOARDING OR COMING TO DOGGIE DAYCARE. PLEASE DISCUSS THIS WITH US IF THERE IS AN ISSUE.**

**HEALTH AND BEHAVIOR INFORMATION:**

**Describe your dogs activity level:**

Lazy/Laid-back  Moderately Active  Very Active

**Is your dog afraid of anything? Such as; storms, loud noises, fast movements, children, men, other dogs, people wearing hats/ glasses, etc?  Yes  No**

**If yes please explain fear and reaction:**

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**How often does you dog socialize with other dogs?**

None  Minimal  Moderate  Frequently

**Has your dog been to a boarding facility before?  Yes  No**

**Has your dog been to Doggie Daycare before?  Yes  No**

**Has your dog ever climbed/jumped over, dug under, or broken through a fence? (Please describe the situation)  Yes  No**

**Explain:**

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**Has your dog ever bitten anyone before or shown signs of aggression, even with food?  Yes  No**

**Explain:**

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**Are there any health issues we need to be aware of for your pet's well-being?  Yes  No**

**Explain:**

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**Does your dog have any allergies?  Yes  No**

**If yes please list?**

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Is your dog receiving any medication? \_\_\_ Yes \_\_\_ No  
If yes please list? \_\_\_\_\_

What are the doses and times/per day your dog is to receive his/her medication? \_\_\_\_\_

\* Please note that we have the right to decline from giving any dog its medication if we do not feel comfortable administering.

Are there any behavioral issues that we need to know in order to protect your dog, other dogs, and our staff? \_\_\_ Yes \_\_\_ No  
If yes please explain: \_\_\_\_\_

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

Are there any other additional comments or information we need to know about your pet? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Wheatley Paw Hotel?  
\_\_\_\_\_

Owner's signature: \_\_\_\_\_  
Owner's printed signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature of Wheatley Paw Hotel d/b/a to The Wheatley Barn LLC  
\_\_\_\_\_  
Date: \_\_\_\_\_

If any of the above information changes, please let us know immediately.

*Thank you for choosing Wheatley Paw Hotel!*

# Wheatley Paw Hotel

d / b / a of The Wheatley Barn, LLC

## Boarding Waiver and Consent Form

This agreement shall apply to all boarding and/or Doggie Day Care visits by your dog to Wheatley Paw Hotel d/b/a of The Wheatley Barn, LLC.

Please initial next to every point to indicate that you have read and understand:

\_\_\_\_\_ I represent that I am the legal owner or authorized by the owner of the dog(s) described on the application.

\_\_\_\_\_ I understand that as a requirement, when visiting Wheatley Paw Hotel, my dog must wear a collar or harness to be worn at all times during his/her stay and be brought into the facility on a leash. If one of these is forgotten, I am to request one in the office prior to letting dog out of the vehicle, for the safety of other dogs.

\_\_\_\_\_ I represent that my dog(s) is in good health, is up to date on all required vaccinations for Distemper/Parvo, Rabies, and Bordetella (Kennel Cough): is free from fleas, ticks, and lice, and has not been ill within the last 15 days.

\_\_\_\_\_ I understand that while my dog(s) is fully vaccinated, vaccines are not guaranteed and there is a small risk that my dog(s) may contract a contagious disease or illness. I agree that should this occur, I am responsible for my own pet's care, medical attention, and costs.

\_\_\_\_\_ I release Wheatley Paw Hotel, The Wheatley Barn LLC, its staff, and owners from any and all liability which I or my dog(s) may suffer including but not limited to injury, sickness, damage, or death resulting from participation in daycare and/or boarding.

\_\_\_\_\_ I understand that while watched carefully, incidents of injuries may occur such as scrapes, sprains, etc.

\_\_\_\_\_ I understand the Wheatley Paw Hotel has the right to refuse care of any dog(s) due to aggressive behavior.

\_\_\_\_\_ I allow Wheatley Paw Hotel to contact their veterinarian (Anita Vet Clinic), should any injuries or illness required medical attention. I agree that I am solely responsible for any medical expense acquired for my dog(s).

\_\_\_\_\_ I understand that Wheatley Paw Hotel is open by appointment only and if I am to be more than 15 minutes late for my appointment, I am to call the facility. I also understand that there will be a \$10.00 late fee if more than any hour late for my appointment with no contact, as well as a daily boarding fee of \$40.00 for a No-Call No-Show that will be due prior to my next booking.

\_\_\_\_\_ During holidays (New Years Eve/Day, Easter, Memorial Day weekend, 4th of July, Labor Day weekend, Thanksgiving Day, and Christmas Eve/Day) I understand I will be responsible to pay the regular boarding fee for any last minute cancellations or No-Call No-Shows. I also understand that these are reserved holidays and Wheatley Paw Hotel will have minimal drop-off and pick-up times on those specific days.

\_\_\_\_\_ I understand that payment is due at the time of pick-up, and if I fail to have a form of payment at that time there will be a 10% fee added to the regular bill. I also understand that when staying over 5 days that half of the due amount will be owed at time of drop off and if I refuse there will be a 10% uncharge.

\_\_\_\_\_ I agree to pay the \$2.00 per meal food charge if I do not have an adequate amount of food for the duration of my pet's stay.

With my signature below, I certify that I have read and understand the agreement and waivers. I agree to abide by the regulations and accept all terms and conditions as stated above.

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date signed: \_\_\_\_\_

Names of dog(s) for current or future boarding:

\_\_\_\_\_

Signature Wheatley Paw Hotel d/b/a of The Wheatley Barn, LLC:

\_\_\_\_\_

Date: \_\_\_\_\_

## MEDICAL RELEASE FORM

This form is required for all Wheatley Paw Spa & Hotel pets receiving services.

The safety and well-being of your pet(s) is the of highest importance. Insuring that your pet remains safe and well cared for is our first responsibility and is our top priority. We know that our customers do their best to screen for pre-existing health conditions, just as we at Wheatley Paw Spa & Hotel do our best at keeping a clean, safe, and healthy facility, but some factors may be beyond yours and our control. In the event that a medical emergency arises while a pet is at our facility it is imperative that we are immediately able to get them medical treatment at the closest available facility. We will call you, the pet owner, based on the level of urgency first, to inform you of the issue. In the event of not being able to reach you, we will immediately move forward in contacting our veterinarian, Anita Vet Clinic, and proceed as needed. Our goal is to get your pet medical attention as quickly as possible, so if the issue is extremely urgent, the pet will first be taken to the appropriate facility and then the owner will be contacted, to avoid any delays or distractions.

I understand that in the event of a medical emergency Wheatley Paw Spa & Hotel, at its sole discretion, deems the need of immediate licensed veterinarian attention. I authorize Wheatley Paw Spa & Hotel to seek veterinarian attention with their designated veterinary facility. I further agree that I am financially responsible for any medical treatment my pet(s) receive as a result of a medical emergency while receiving services provided by Wheatley Paw Spa & Hotel. Services will be paid to the veterinarian facility by Wheatley Paw Spa & Hotel and added to the boarding or grooming bill.

I understand that the local veterinarian facility, Anita Vet Clinic, will be contacted first. The alternative local veterinarian facility, AMVC in Audubon, will be contacted second. If this is a life threatening immediate emergency, one of the emergency hospitals will be used, Blue Pearl in Des Moines or Iowa State Small Animal Veterinarian Hospital in Ames.

Signature of owner: \_\_\_\_\_

Printed name of owner: \_\_\_\_\_

Date: \_\_\_\_\_

Name of pet(s) for current and future boarding and grooming:

\_\_\_\_\_  
Signature for The Wheatley Barn LLC d/b/a Wheatley Paw Spa & Hotel:

Date: \_\_\_\_\_



# **RELEASE AND WAIVER OF LIABILITY**

**1494 DELTA AVENUE ADAIR, IA 50002**

**1506 DELTA AVENUE ADAIR, IA 50002**

**Comes now the undersigned and hereby releases, acquits, and forever discharges Reggie Wheatley; Ruthi Wheatley and her business known as The Wheatley Barn LLC d/b/a Serpentine Stables; d/b/a Wheatley Paw Spa & Hotel; Wheatley Puppies; Mallory Wheatley, and Emmitt Wheatley and his business known as Be Great d/b/a Wheateys from any and all injuries, damages, or claims that may arise from the operation of the businesses listed above.**

**This release covers all injuries and damages, known or unknown, which may appear or develop arising from or in any way connected with the above businesses.**

**I fully acknowledge that by agreeing to the services provided by the above businesses, that I will not pursue any claims against them.**

**I HAVE READ THE FOREGOING RELEASE, UNDERSTAND ITS TERMS, AND FREELY AND VOLUNTARILY SIGN THE SAME.**

**Dated on \_\_\_\_\_**

**Signature of Releasing Party:**

\_\_\_\_\_

**Signature of Parent or Guardian if Releasing Party is a Minor:**

\_\_\_\_\_

**Relationship to Minor:**

\_\_\_\_\_