

Kindly print this form, get it filled and signed by your veterinarian before boarding.

Health Certificate

This is to certify that Dog _____ Age _____ Sex _____ Breed _____
belonging to Mr/Ms _____ has undergone a medical examination
and the observations are as follows:

| Skin | | Eyes | | Ears | | Coat | |
|------------|--|-------------|--|------------|--|-----------|--|
| Infections | | Infection | | Infections | | Dandruff | |
| Dry skin | | | | | | | |
| Scabs | | | | | | | |
| Patches | | Congestions | | Redness | | Hair loss | |

| | | | |
|-------------------|--|--------------------------|--|
| Ticks & Fleas | | Deworming | |
| Ticks | | Treatment date | |
| Fleas | | Name of Medicine | |
| Treatment Date | | No of Tablets | |
| Name of Treatment | | Repeat dose, if required | |

| | |
|--------------------------|--|
| General Information | |
| Previous Medical History | |
| Follow up if any | |
| Allergies if any | |

After all the required clinical examination this dog is certified to be fit to board. In case of any medical call
Hostel management can contact us.

Sign and Seal of Veterinarian

Date:

Contact No.

Kindly print this form and bring it on the day of boarding.

Terms and conditions:

Please read carefully and bring it along on the day of boarding

- We are open 7 days and our timings for check in and checkout are from 07:00-11:00 and 16:00-18:00 hrs
- Prices are subject to change without notice and seasonal rates may apply.
- All payments to be made in advance.
- All dogs/ cats must be healthy, and current with all vaccinations. You will be required to bring a copy of your dog's updated vaccination records (Rabies 7 in 1 or 8 in 1 and Kennel Cough) from your vet before you start day-care or board with us to ensure your dog's safety as well as that of our other guests.
- On the day of arrival, if you check in your pet in the evening (16:00-18:00) you will be charged for half day.
- On the day of departure, if you check out before 12pm, you will be charged for half day.
- Any medications and visits to the or by the vet will be billed separately
- If veterinary attention is required, owners are liable for all expenses. In the event of serious illness and the owner cannot be contacted the veterinary surgeons decision will be final.
- Grooming/Bath charges will be extra.
- Happy Tails reserve the right to refuse any animal and no reason shall be given.
- The management is not responsible for any illness, injuries, acute diseases or the death of your dog
- If the dog is not collected within 5 days beyond the contracted date, management will not be responsible for the dog in any which way. The dog will be thus abandoned.
- If the dog does not make it through the illness inspite of the medical treatment provided, the management is not responsible in terms of either cash or kind. To this effect, a veterinary doctor's certificate and details of treatment rendered shall be provided.
- During your pet's stay if your pet make any injuries(attack, bite) to our staff member Owner will have to bare the medical expenses.
- If your pet does any injuries to other boarder dogs and staff member owner will have to pay the entire cost of the treatment.

Check List

| Check list of belongings | Mark | Description or identification mark |
|------------------------------------|------|------------------------------------|
| Health certificate: (Compulsory) | | |
| Leash & Collar (Collar compulsory) | | |
| Medicines | | |
| Bedding | | |
| Any Other | | |

Attendant Name

Date:

Kindly print this form and bring it on the day of boarding.

Pet's Info:

| | | | |
|----------------------|-------|----------------------|-----------|
| Check In Date: | Time: | Check Out Date: | Time: |
| Name: | | Breed: | |
| Sex: | Age: | Weight: | Neutered: |
| Vaccination Details: | | | |
| Rabies | DHPPL | Corona | |
| Given on: | | | |
| De-worming: | | Tick Flea treatment: | |

Owner's Information:

| |
|----------------------|
| Name: |
| Address: |
| Contact No: 1) 2) 3) |
| E Mail: |

Schedule:

| | | | |
|---|---------|-----------|---------|
| Meals: Details and Quantity | Morning | Afternoon | Evening |
| Supplement or medications Name & Quantity | | | |
| 1) | | | |
| 2) | | | |
| 3) | | | |
| 4) | | | |
| Administration: | | | |

Temperament Analysis: Kindly mark the following:

| | | |
|--------------------|--------------------|---------------------|
| Playful | Barking Problems | Aggressive |
| Attention problems | Escaping behaviour | Growl at food items |
| Nervous | Unpredictable | Possessive |