

REBA'S
Boarding & Daycare

2413 London Bridge Road
Virginia Beach, VA 23456

BOARDING, DAYCARE & GROUP PLAY AGREEMENT

Part 1 of 2 · Client & Pet Intake Form

Before you begin. Sections A through H collect the information our staff needs to care for your dog safely. Please complete every applicable field — especially the feeding and medication schedules in Sections E and F. The terms of service and the signature page are in **Part 2**, which must be signed and returned with this form. Fields marked ★ are required.

CLIENT & PET INTAKE

Sections A – H

A | OWNER / CLIENT INFORMATION

OWNER / CLIENT NAME ★ _____ SECONDARY OWNER OR HANDLER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ PRIMARY PHONE ★ _____

EMAIL ★ _____ ALTERNATE PHONE _____ PREFERRED CONTACT _____

EMERGENCY CONTACT — must be someone who can be reached and can authorize care in your absence.

EMERGENCY CONTACT NAME ★ _____ RELATIONSHIP _____ PHONE ★ _____

SECOND EMERGENCY CONTACT _____ RELATIONSHIP _____ PHONE _____

Will you be reachable by phone for the entire stay? ☐ Yes ☐ No — unreachable dates / times: _____

Persons authorized to pick up my dog(s) besides me: _____

B | PET INFORMATION

PET NAME	BREED	SEX	DATE OF BIRTH	WEIGHT	COLOR / MARKINGS	SPAYED / NEUTERED	MICROCHIP #

If any dog age seven (7) months or older is **not** spayed or neutered, date the procedure is scheduled or planned: _____

☐ Not scheduled

Sterilization is required for group play at seven (7) months of age — see Section 2. Intact dogs may still be eligible for boarding or individual enrichment.

C | VETERINARY & VACCINATION RECORDS

REGULAR VETERINARY CLINIC ★ _____ CLINIC PHONE ★ _____

VETERINARIAN NAME _____ CLINIC CITY _____ PREFERRED EMERGENCY CLINIC _____

VACCINATION & TESTING RECORD — current records must be on file before check-in.

VACCINE / TEST	REQUIRED	DATE GIVEN	EXPIRES	RECORD ON FILE
Rabies	Yes			
Distemper / Parvo (DHPP or DA2PP)	Yes			
Bordetella (kennel cough)	Yes			
Canine Influenza (H3N2 / H3N8)	Yes			
Fecal test — negative result	As requested			
Leptospirosis	Recommended			

Records may be sent by: ☐ Email from clinic ☐ Client upload ☐ Hand-delivered copy ☐ Clinic fax Date received: _____

D | SERVICES REQUESTED & RESERVATION DETAILS

SERVICES — select all that apply

☐ Overnight Boarding ("Sleepover Pups") ☐ Daycare ("Daytime Pack") ☐ Boarding with Group Play

☐ Individual Play / Enrichment Only ☐ Medication Administration ☐ Other: _____

CHECK-IN DATE ★ _____ CHECK-IN TIME _____ CHECK-OUT DATE ★ _____ CHECK-OUT TIME _____ TOTAL NIGHTS _____

Add-on services requested: ☐ Extra one-on-one play ☐ Enrichment / puzzle session ☐ Bath before pickup ☐ Nail trim ☐ Report card / photo update ☐ Other: _____

Accommodation: ☐ Standard suite ☐ Shared Family Suite (same household only — see Section 3) ☐ Quiet / low-traffic area if available

Dogs requested to share a suite: _____

Shared-suite feeding: ☐ Feed separately (default) ☐ May eat together only if staff approves

Special requests or anything else we should know about this stay:

E | FEEDING PLAN

Complete one form per dog

Dog this feeding plan applies to: _____ ☐ Applies to all dogs listed in Section B

E1 · FOOD SOURCE & SUPPLY

☐ Owner provides all food — pre-portioned in labeled bags (preferred) ☐ Owner provides food in bulk; staff portions

☐ Facility house food (additional charge may apply) — diet change may cause digestive upset ☐ Combination — explain below

FOOD BRAND & FORMULA	PRESCRIPTION / THERAPEUTIC DIET? (NAME)	AMOUNT SUPPLIED (CUPS, CANS, BAGS)

Food form: ☐ Dry kibble ☐ Canned / wet ☐ Fresh or refrigerated ☐ Raw — must arrive frozen & sealed ☐ Home-cooked ☐ Dehydrated / rehydrated

Container: ☐ Labeled with dog's name ☐ Scoop or measuring cup included ☐ Requires refrigeration ☐ Requires freezer

E2 · DAILY FEEDING SCHEDULE

List every meal, snack, and scheduled chew. Give the actual clock time you want it offered — not "morning" or "evening." Staff will feed within 30 minutes of the listed time.

MEAL	TIME	AMOUNT	FOOD, TOPPERS & MIX-INS	MEDS WITH THIS MEAL?	STAFF INITIALS
Breakfast					
Mid-day meal					
Dinner					
Bedtime snack					
Other / extra					

E3 · PREPARATION INSTRUCTIONS

☐ Feed dry, as-is ☐ Add warm water and soak _____ minutes ☐ Add water but serve immediately ☐ Warm the food

☐ Add canned topper — amount: _____ ☐ Mix in supplement (list in Section F) ☐ Add broth / water for hydration ☐ Other: _____

E4 · HOW & WHERE MY DOG EATS

Bowl / method	Location	Supervision	Uneaten food
☐ Standard bowl ☐ Slow-feeder bowl ☐ Elevated bowl ☐ Puzzle feeder or lick mat ☐ Hand-fed ☐ Owner's bowl provided	☐ Alone in own suite (default) ☐ In crate ☐ Separate room away from other dogs ☐ May eat near housemate if staff approves ☐ Other: _____	☐ Staff stays in the room ☐ Staff checks back after ____ min ☐ No supervision needed ☐ Must be separated from all dogs while eating	☐ Pick up after ____ minutes ☐ Leave down until next meal ☐ Re-offer once, then remove ☐ Notify owner if refused

E5 · WATER, TREATS & CHEWS

Water: ☐ Fresh water available at all times (default) ☐ Monitored — drinks too fast; use slow bowl ☐ Restricted per veterinarian — explain below

Treats: ☐ Facility treats are fine ☐ Only treats I provide ☐ No treats of any kind

Do NOT give: ☐ Rawhide ☐ Bully sticks ☐ Antlers / hard chews ☐ Peanut butter ☐ Cheese / dairy ☐ Chicken ☐ Beef ☐ Grain ☐ Pig ears

Other prohibited foods, ingredients, or chews: _____

E6 · FOOD ALLERGIES, SENSITIVITIES & DIETARY RESTRICTIONS

DESCRIBE FULLY — INCLUDE REACTION AND SEVERITY

E7 · FEEDING BEHAVIOR

☐ None known ☐ Guards food or bowl ☐ Guards chews, bones, or toys ☐ Eats very fast / gulps ☐ Picky eater ☐ Loses appetite when stressed

☐ Will steal other dogs' food ☐ Vomits if fed too soon after play ☐ Needs ____ minutes of rest before and after eating (bloat precaution)

☐ Needs quiet to eat

E8 · CONTACT ME DURING THE STAY IF MY DOG:

☐ Skips ____ consecutive meals ☐ Eats less than ____ % of a meal ☐ Refuses water ☐ Vomits ☐ Has loose stool or diarrhea

☐ Loses interest in food for more than ____ hours ☐ Any change at all — keep me posted ☐ Only contact me for urgent concerns

F | MEDICATION & SUPPLEMENT PLAN

Complete one form per dog

Dog this medication plan applies to: _____ ☐ Applies to all dogs listed in Section B

☐ **My dog requires NO medications or supplements during this stay.** Skip to Section G.

☐ **My dog requires the medications and/or supplements listed below.** I authorize Reba's Boarding & Daycare to administer them exactly as written and I understand a medication administration fee may apply per dose or per day.

F1 · SCHEDULED MEDICATIONS & SUPPLEMENTS

Copy the name and strength exactly as printed on the pharmacy label. Every medication must arrive in its original labeled container. Use Section F5 for as-needed (PRN) medications instead.

#	MEDICATION OR SUPPLEMENT (as printed on label)	STRENGTH & DOSE (e.g. 1 tablet, 50 mg)	ROUTE	TIME(S) OF DAY	WITH FOOD?	CONDITION TREATED / PRESCRIBING VET
1						
2						
3						
4						
5						
6						

Route key: **PO** by mouth · **TOP** topical / skin · **OTIC** ear · **OPH** eye · **INJ** injection · **INH** inhaled · **OTHER** describe in notes

F2 · HOW TO GIVE IT

☐ Pill pocket — supplied by ☐ owner ☐ facility ☐ Hidden in food ☐ Wrapped in cheese, peanut butter, or deli meat

☐ Given directly by mouth (pilled) ☐ Liquid by syringe ☐ Crushed and sprinkled on food ☐ Applied topically — wear gloves ☐ Other: _____

Tricks that work at home: _____

F3 · HANDLING & DIFFICULTY

☐ Easy — takes it readily ☐ Needs coaxing but cooperates ☐ Spits pills out / hides them ☐ Requires two staff members

☐ Has growled, snapped, or bitten during medication ☐ Requires a muzzle — owner must supply ☐ Sensitive about ears / eyes / paws being handled

F4 · TIME-CRITICAL MEDICATIONS

Does your dog take any medication where a missed, late, or doubled dose could be dangerous — for example insulin, seizure control, cardiac, thyroid, or post-surgical pain management?

☐ No time-critical medications ☐ Yes — listed below

Time-critical medication(s): _____

These must be given within _____ minutes of the scheduled time. If that window cannot be met, contact me immediately at _____.

INSULIN ☐ Not applicable ☐ Yes — complete the following

Insulin type / brand: _____ Units per dose: _____ Times: _____

Give _____ minutes after the meal, and **only** if my dog has eaten at least _____ % of the meal. If less is eaten: ☐ give half dose ☐ skip dose ☐ call me first

SEIZURE HISTORY ☐ None ☐ Yes — last seizure: _____

Typical seizure appearance and duration: _____

Take my dog to an emergency veterinary clinic immediately if a seizure lasts longer than _____ minutes, or if _____ or more seizures occur within 24 hours.

Refrigeration or special storage required? ☐ No ☐ Yes — item(s): _____

F5 · AS-NEEDED (PRN) & RESCUE MEDICATIONS

For medications given only when specific signs appear — anxiety medication during storms or fireworks, anti-nausea, rescue seizure medication, pain relief. Be specific about the signs that should trigger a dose.

#	MEDICATION	GIVE WHEN MY DOG SHOWS… (specific signs)	DOSE	MIN. HOURS BETWEEN DOSES	MAX IN 24 HRS	CALL ME FIRST?
1						
2						
3						

F6 · MISSED, REFUSED, OR VOMITED DOSES

If my dog refuses a dose, staff should: ☐ Try again in _____ minutes ☐ Try a different food or method ☐ Skip the dose and log it ☐ Contact me right away ☐ Contact the prescribing vet

If a dose is vomited or spit out within an hour: ☐ Re-dose once ☐ Do NOT re-dose ☐ Contact me before re-dosing

If a scheduled dose is missed: ☐ Give as soon as noticed ☐ Skip and resume the next scheduled dose ☐ Contact me before doing either

F7 · OWNER CERTIFICATION & MEDICATION COUNT

☐ All medications are in their original pharmacy or manufacturer-labeled containers.

☐ I have supplied enough medication for the entire stay plus two (2) additional days.

☐ I have checked every expiration date and none expire during this stay.

☐ The dose written above matches the current label; if it differs, I have attached a note from my veterinarian explaining the change.

MEDICATION	COUNT IN	STAFF INITIALS / DATE IN	COUNT OUT	STAFF INITIALS / DATE OUT	OWNER INITIALS AT PICKUP

Medication counts are verified at check-in and again at pickup. Discrepancies are noted on the care log.

G | HEALTH, BEHAVIOR & CARE PROFILE

G1 · MEDICAL CONDITIONS

☐ None known ☐ Arthritis / mobility loss ☐ Diabetes ☐ Seizure disorder ☐ Heart condition ☐ Kidney disease ☐ Liver disease ☐ Cushing's or Addison's ☐ Hypothyroid ☐ Collapsing trachea ☐ IVDD / back or neck issues ☐ Allergies (environmental) ☐ Skin condition ☐ Ear infections

☐ Vision loss ☐ Hearing loss ☐ Incontinence ☐ Brachycephalic (flat-faced) — heat sensitive ☐ Other: _____

DETAILS, INCLUDING CURRENT TREATMENT AND ANYTHING STAFF SHOULD WATCH FOR

Surgery, injury, or illness in the past 30 days? ☐ No ☐ Yes — restrictions: _____

G2 · MOBILITY, SENIOR & SPECIAL CARE NEEDS

☐ None ☐ Help getting up or down ☐ Non-slip surfaces needed ☐ Limit or avoid stairs ☐ Orthopedic bedding ☐ Shorter play sessions ☐ Extra potty breaks — every _____ hours ☐ Overheats easily — limit outdoor time ☐ Cold sensitive — coat provided ☐ Needs to be carried ☐ Other: _____

G3 · POTTY & ROUTINE

☐ Fully house-trained ☐ Occasional accidents ☐ Marks indoors ☐ Uses pee pads ☐ Crate trained ☐ Not crate trained

Usual potty schedule and any signals my dog gives: _____

Sleeping: ☐ Open suite ☐ Crate ☐ Covered crate ☐ Needs a night light ☐ Owner's bedding provided

G4 · BEHAVIOR DISCLOSURE

Nothing disclosed here automatically disqualifies your dog — it helps us plan the right care.

Has your dog ever bitten a person or another animal? ☐ No ☐ Yes — if yes, describe the circumstances, date, and outcome:

_____

☐ None of the following ☐ Guards food, toys, chews, or space ☐ Reactive toward other dogs ☐ Reactive toward people ☐ Fearful or shy

☐ Separation anxiety ☐ Escapes — climbs, digs, or bolts through doors ☐ Destructive when alone ☐ Barks excessively ☐ Counter surfs ☐ Sensitive to handling or restraint

Known fear triggers: ☐ Thunder ☐ Fireworks ☐ Vacuum ☐ Men ☐ Hats / uniforms ☐ Other dogs ☐ Being alone ☐ Other: _____

Play style: ☐ Rough and tumble ☐ Chase games ☐ Gentle / small groups ☐ Prefers people ☐ Prefers to be alone ☐ Unknown

Commands my dog knows: _____

H | WHAT TO BRING, BELONGINGS & FACILITY GUIDELINES

H1 · WHAT TO BRING — AND WHAT TO LEAVE AT HOME

Please bring	Please leave at home
• Enough food for the whole stay, pre-portioned in labeled bags • All medications in original pharmacy-labeled containers, plus two extra days • Current vaccination records, if not already on file • One washable comfort item — a bed, blanket, or worn t-shirt • A flat collar with current ID tags and a standard leash • Your dog's own bowl, if they are particular about it	• Retractable leashes • Prong, choke, or electronic collars • Rawhide and other high-value chews, unless approved in advance • Expensive or irreplaceable bedding and toys • Anything you would be upset to lose — see Section 6 • Food or treats your dog has never eaten before

H2 · BELONGINGS CHECKED IN

☐ Leash ☐ Collar / harness ☐ Tags ☐ Bed or blanket ☐ Crate ☐ Toys ☐ Bowls ☐ Coat / sweater ☐ Brush ☐ Muzzle ☐ Other: _____

Description of items, so we return the right ones: _____

Personal items may be soiled, damaged, or lost during normal care — see Section 6.

H3 · HOW WE HANDLE FEEDING AND MEDICATION

- Meals are served at the clock times you list in Section E, within a thirty-minute window.
- Every dose of medication is logged. Counts are verified at check-in and again at pickup.
- We cannot change a dose, split a tablet differently than the label directs, or give anything not written on this form without your authorization.
- We are not a veterinary provider. We do not diagnose, prescribe, or adjust treatment.
- Please send two extra days of medication in case weather or travel delays your return.
- A sudden diet change is the most common cause of an upset stomach. Sending your dog's regular food is almost always the better choice.

H4 · WHEN TO KEEP YOUR DOG HOME

Please call to reschedule if your dog has shown any of these in the last 72 hours: coughing, sneezing, nasal or eye discharge, vomiting, diarrhea, fever, unusual lethargy, or a new skin or ear problem. Also tell us if your dog has been around a dog with a contagious illness in the past 14 days. Rescheduling for illness protects every dog in our care — see Section 1.

H5 · HOURS, FEES & POLICIES

To be completed by Reba's Boarding & Daycare before this form is given to clients.

CHECK-IN WINDOW	CHECK-OUT WINDOW	LATE PICKUP FEE & WHEN IT APPLIES

MEDICATION ADMINISTRATION FEE	HOLIDAY OR PEAK SURCHARGE	DEPOSIT REQUIRED	CANCELLATION NOTICE REQUIRED