



**Pet Care Authorization and Release Form:  
Wanderlust Dog Ranch  
11 Eagle Park East Dr.  
Eagle, CO 81631  
Info@Wanderlustdogs.com**

**Initials** \_\_\_\_\_ Wanderlust Dog Ranch(WDR) will keep the premises sanitary and properly enclosed and exercise reasonable care for the safety of your dog. All dogs will be housed in safe, clean quarters. All dogs will be fed properly and regularly. WDR cannot be liable for damage or loss by or to dogs at this facility.

**Initials** \_\_\_\_\_ Owner understands the concept of dog daycare, group play, and overnight boarding is to allow dogs to socially interact with both humans and dogs. Dogs in group play participate in supervised activities such as fetch, jumping, playing with toys; there is always a possibility of injury resulting from rough play between dogs. The owner agrees that any injury to their dog during their use of the facility shall not bring any liability of any type on the part of WDR.

**Initials** \_\_\_\_\_ Owner agrees not to bring their pet into our facility if the dog is showing any signs of being sick, has fleas (owner will be charged for flea bath), or that its behavior may jeopardize the safety and health of other pets and/or our staff.

**Initials** \_\_\_\_\_ Abandonment shall automatically relinquish all rights and claims by the owner to the animal. Abandonment is determined to be the refusal to provide or perform the legal obligations for care of the animal by its owner or agent.

**Initials** \_\_\_\_\_ WDR is authorized by the owner to seek veterinary care, including emergency care, at the owner's expense. If time permits, WDR will try and contact you before obtaining any care; however, this form serves as the authorization WDR needs to obtain veterinarian care for your dog regardless. The owner is responsible for veterinarian expenses and transportation, whether or not the owner was reached in advance.

**Initials** \_\_\_\_\_ The owner agrees to pay all charges for daycare and boarding before picking up their pet. Your pet will not be released until all charges are paid in full.

**Initials** \_\_\_\_\_ The owner covenants not to initiate any legal proceedings of any sort against WDR as a result of illness, injury, damage or death to owner's dog while staying at WDR and agree that, should the owner bring a legal action against WDR, the correct result of such a legal action should be a summary dismissal in favor of WDR and the owner will also agree to pay WDR costs, including, but not limited to attorney's fees.

**Initials** \_\_\_\_ The owner agrees that by signing the Care and Authorization form one time that it remains in full effect and force each and every time the owner brings the owner's dog or dogs to WDR for any of our services.

**Initials** \_\_\_\_ Please cancel bookings as soon as possible. Cancellations and No-Shows that take place less than 48 hours of the scheduled date will be charged a non-refundable daily rate. Cancelled and No-Show holiday bookings are also non-refundable and will be charged the entire scheduled cancelled or no-show visit. \$50 deposits are required for holiday stay.

I HAVE READ, UNDERSTAND, AND AGREE TO ALL THE PROVISIONS OF THIS AUTHORIZATION. I fully intend to pick up my dog on the specified date. I will notify Wanderlust Dog Ranch of any changes to the pick up date and assume full responsibility for any additional charges.

The owner hereby agrees to waive and release WDR and their employees from any right that you may have in law to recover medical payments, bodily injury damages, or property damages for any liability regardless of the cost, as a result of any injury resulting from the actions of my dog, any other dog, or any humans.

I hereby agree to the pet care authorization form as the owner of the dog (s). I also certify that my dog(s) is/are in good health and do not show any signs of illness that may be contagious. Furthermore, I certify that all the information provided about my dog is accurate to the best of my knowledge. I have read, understand, and agree to all the provisions of this form.

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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Owner's Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Alternate Person who may pick up or drop off your pet: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**ABOUT YOUR PET:**

Dog Name: \_\_\_\_\_

Age and Birth Date: \_\_\_\_\_ Weight: \_\_\_\_\_

Breed: \_\_\_\_\_

Valid Tag or License #: \_\_\_\_\_ Microchip or Tattoo# \_\_\_\_\_

Check one: Male \_\_\_ Female \_\_\_ Check one: \_\_\_ Neutered \_\_\_ Spayed

**ADDITIONAL DOG:**

Dog Name: \_\_\_\_\_

Age and Birth Date: \_\_\_\_\_ Weight: \_\_\_\_\_

Breed: \_\_\_\_\_

Valid Tag or License #: \_\_\_\_\_ Microchip or Tattoo# \_\_\_\_\_

Check one: Male \_\_\_ Female \_\_\_ Check one: \_\_\_ Neutered \_\_\_ Spayed

**ABOUT YOUR VET:**

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

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

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

**ABOUT YOUR PET’S HEALTH:** *\*Please attach a photocopy of immunization records\**

Immunization Date: DHLPP: \_\_\_\_\_ Bordatella (Kennel Cough): \_\_\_\_\_

Rabies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_ Allergies: \_\_\_\_\_

Has had flea/tick prevention: Yes \_\_\_ No \_\_\_

Has had heartworm prevention: Yes \_\_\_ No \_\_\_

Physical Limitations or Restrictions: \_\_\_\_\_

**ABOUT YOUR PET’S BACKGROUND:**

Previous obedience training (when and where): \_\_\_\_\_

Previous daycare experience: \_\_\_\_\_

Does dog enjoy grooming: Yes \_\_\_ No \_\_\_

Any sensitive spots: \_\_\_ Yes: explain \_\_\_\_\_ No \_\_\_

How long have you owned your dog: \_\_\_\_\_

How does your dog react to new dogs: \_\_\_\_\_

Dog is afraid of: \_\_\_\_\_

**ABOUT YOUR PET’S BEHAVIOR:** *(check all that apply)*

\_\_\_ Biting or growling at people or other dogs (explain) \_\_\_\_\_

\_\_\_ Aggressiveness with other dogs (explain) \_\_\_\_\_

\_\_\_ Aggressiveness with food or toys (explain) \_\_\_\_\_

\_\_\_ Jumping over fences \_\_\_ Jumping on people \_\_\_ Chewing or digging

\_\_\_ Excessive pulling on leash \_\_\_ Pulling out of leash \_\_\_ Running away

Other \_\_\_\_\_

**ABOUT YOUR PET'S FEEDING SCHEDULE:**

Time: \_\_\_\_\_ Morning Quantity: \_\_\_\_\_

Time: \_\_\_\_\_ Afternoon Quantity: \_\_\_\_\_

Time: \_\_\_\_\_ Evening Quantity: \_\_\_\_\_

**Additional Dog Feeding Schedule:**

Time: \_\_\_\_\_ Morning Quantity: \_\_\_\_\_

Time: \_\_\_\_\_ Afternoon Quantity: \_\_\_\_\_

Time: \_\_\_\_\_ Evening Quantity: \_\_\_\_\_

**Medications: Medications for Additional Dog:**

\_\_\_ Yes \_\_\_ No

Name of Medications: \_\_\_\_\_

Name of Medications: \_\_\_\_\_

(Circle One): AM PM Both AM & PM Quantity \_\_\_\_\_

(Circle One): AM PM Both AM & PM Quantity \_\_\_\_\_

**ABOUT YOUR PET'S EMERGENGY CONTACT INFO:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_