

Lyndhurst Lodge Pet Resort

ABN 16 597 655 730

Owner Surname / Pet Name:

Does your pet have any pre-existing / ongoing health issues?

Are you travelling overseas Where O/seas _____

I understand and agree to the following conditions when admitting my dog for boarding with Lyndhurst Lodge:

- Due to Council Noise Restrictions: Hours of Business are
Monday - Friday 8.30am to 4.00pm,
Saturdays 9.00am to 12.00pm
Sundays 11.00am to 3.00pm
PUBLIC HOLIDAYS 11.00am to 3:00pm
PLEASE NOTE: If on any day all our schedule guests have been and gone for the day, we reserve the right to close at 2pm. Please tick
- On collection day, Lyndhurst Lodge offers a late check out of 11.00am. If you have not collected your pet(s) by 12.00 midday you will be charged for that day. Please do not ask the Office Staff to make exceptions, they do not have the authority to do so, and refusal can offend.
- (a)** I would like my dog to be housed with a compatible dog. (although fed separately)
(b) I request separate, individual housing. I understand this incurs a higher daily rate as listed daily rates are based on twin share accommodation.
(c) I agree for my dog(s) to be socialised with other compatible dogs under supervision.
- I understand there is a one off fee \$25 - \$45 per guest if boarding for 3 days or more. This covers shampoo, conditioning, rinse and daily grooming.
(a) A 20% surcharge applies to, Sundays & Public Holidays, regardless of collection time.
(b) A 1.5% fee applies to credit card payments
- I agree that provided that proper and reasonable care be taken, Lyndhurst Lodge and/or the Proprietors shall not be responsible in any way whatsoever for any loss or damage during the period of board. For the purposes of this contract, the person leaving the pet shall be deemed to be the agent of the owner.
- Canine Cough:** I understand this is the equivalent of the human cold or 'flu virus. Whilst Lyndhurst Lodge ensures a spotless environment and only accepts fully vaccinated guests, vaccinations can only **reduce symptoms**, they do not prevent my dog contracting canine cough when it is floating around the Melbourne region during certain times of the year. I understand that as it can be an airborne virus, my dog can contract kennel cough in the park, on the street or without leaving my backyard. I understand that canine cough is no better or worse than my child catching a cold or 'flu at school.
- In the event of my pet(s) requiring veterinary attention, Lyndhurst Lodge shall use a local veterinarian in the first instance, & the owner of the boarder shall be liable for the costs of such attention.
(a) I authorise for my credit card details to be used should my dog(s) require treatment at a 24 hour animal emergency clinic or other veterinary clinic as required.
- Older pets:** I understand that there can be higher risks associated with boarding a pet over 10 years of age.
- Do you have Pet Insurance yes / no
- I approve for photos/videos of my dog to be posted to social media. yes / no

We require TWO emergency contact numbers; one for yourself, and one for someone NOT travelling with you (this person will also have permission to collect your dog(s) on your behalf, and can authorize any veterinary treatment and costs).

Emergency No: 1 _____

Emergency No: 2 _____

Does your dog have pet insurance Yes No

(If yes, we still require an amount)

In the event my dog requires veterinary attention, and my emergency numbers cannot be reached prior to treatment, I authorize

\$_____ to cover care until I can be contacted.

Note: After hours clinics' charges: a basic consultation with fluids, blood test and pain relief can range between \$450 to \$700+

In the event my dog requires IMMEDIATE, LIFE SAVING SURGERY, for example, gastric torsion or bowl complications and my emergency numbers cannot be reached prior to surgery, I authorize a maximum of

\$_____ to cover care.

In Date: _____ Out Date: _____

Is the Out Date a Weekend/Pub Hol? Yes No

Daily Rate: _____ +Meds: \$ _____ BATH FEE
+ +\$25/\$35/\$45

Pick up\$ _____ Delivery\$ _____

Contact Number for Pick up/Delivery _____

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Expiry Date: _____ / _____ CCV _____

Signed: _____

I have read, ticked, understand and agree to points 1 - 10

Signed: _____