

DOGGIE DUDE RANCH of CNY, INC.

BOARDING AGREEMENT

PETS NAME _____ **BREED** _____

Owners Name _____ Address _____

Home Phone _____ Cell Phone _____

Referred By _____ E-mail _____

FEEDING INSTRUCTIONS _____

MEDICATION _____

Male/Neutered _____ Female/Spayed _____ Veterinarian & Phone _____

Color _____ Age _____

VACCINATIONS: **DHLP/PARVO** _____
Dates **BORDATELLA (administered at least 7 days prior to boarding)** _____
Administered **RABIES** _____

I Certify that I am the owner of this pet.

I hereby grant permission to this boarding establishment to act in my behalf, and in my pet's best interest, by obtaining veterinary care at my expense, if deemed necessary, for illness or injury. I further agree to pay for all veterinary and other necessary services incurred by and for my pet during its stay in this facility.

This boarding facility agrees to exercise all due and reasonable care to prevent injury or illness to my pet. However, in the event of illness or injury, the owners and employees of this boarding facility shall not be held personally liable for such injury or illness.

Additional \$10 charge for Pick-Up or Drop-Off before or after regular hours.

Checkout time is 11am.

I understand there is a \$25 fee for any returned checks.

All pets will be checked upon arrival for fleas and ticks. Pets showing signs of either one will be treated immediately at owner's expense. Cost is \$18 (treatment lasts 30 days)

I agree to pay all charges on the day of pick up of my pet and I understand that my pet may not leave the premises until all charges are paid in full. I understand that any animal left for ten days beyond the agreed date of pick up may be sold or disposed of at the discretion of the kennel owner.

It is understood by Kennel and Owner that all provisions of this Contract shall be binding upon both parties thereunto for this visit and for all subsequent visits.

Signed: _____ Date: _____