

DOGGIE DUDE RANCH of CNY, INC.
BOARDING AGREEMENT
476 Bull Run Rd. Pulaski, NY

Name _____ **Dog's Name** _____

Address _____

Cell Phone _____ **Vet & Phone** _____

Referred By _____ **E-mail** _____

FEEDING INSTRUCTIONS _____

MEDICATION _____

Male/Neutered Yes or No Female/Spayed Yes or No **PLAY WITH DOGS YES / NO**

DHLP/PARVO _____

BORDATELLA _____

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. Initial _____

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.

Checkout is by 10am

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 \$20 (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: _____