Seattle Dogs Homeless Program Boarding Contract

This contract is between Seattle Dogs and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_owner of the dog to be boarded Name:\_\_\_\_\_\_\_\_\_\_\_\_, Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Age:\_\_\_\_\_

Boarding is offered for the following reasons under this agreement, drug treatment, attend work, school, hospitalized or to facilitate changes in their living situation for themselves and their dog(s). Reason # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Our mission is to help the dog which in turns helps the owner. We make no assumptions that the dog is needing a home. Working with the homeless community we believe that an actual roof does not mean a better life but we hope to help make this a reality for both owner and dog by providing a valuable resource, boarding.

During boarding the owner is expected to contact Best Friends Boarding & Day Spa (425)778-1475 21100 72nd Ave W Edmonds WA 98026 every week to check on their dog, see how the dog is adjusting and update on the owners situation. The owner is encouraged to make weekly visits.

This agreement can be broken at any time by the owner and the dog returned during normal business hours. If at the agreed upon date the dog isn’t retrieved or further arrangements agreed upon in writing the dog known as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will be available for adoption without delay.

It is the goal of our program to have owners unified with their dogs but should the owner choose to not retrieve their dog or decide it is best that the dog be surrendered its understood that the dog will become the property of Seattle Dogs and placed for adopted without delay.

We do not accept unaltered dogs into boarding therefore it is understood Seattle Dogs will alter the dog immediately at no cost to the owner. If the dog is pregnant upon entrance or has a litter we assume all vet costs for mother and babies however its understood that Seattle Dogs will retain the mother until the puppies are weaned at which time we will spay the mother and return her to the owner. The babies will be automatically forfeited to Seattle Dogs and placed for adoption thru rescue

All dogs will be vaccinated, if you cannot provide us with vet records we will get the dog shots at no cost to the owner.

A vet exam will be conducted and Seattle Dogs will provide reasonable care for the dog however we cannot guarantee a dogs health and make no implied or impressed statements in regards to life threatening situations or illnesses and cannot guarantee treatment but will make every reasonable effort to ensure the dog does not suffer.

By accepting boarding and signing this contract we’ve established a set time frame and expectations as set forth. 30 days starting \_\_\_\_\_\_\_\_\_\_\_\_ and ending \_\_\_\_\_\_\_\_\_\_\_\_

Seattle Dogs and Best Friends Boarding and Day Spa will make every attempt to provide comfort and wellness for your dog We hope that we have enabled you to take care of your personal issues that can be affecting your dogs. We’ve done so willingly as a stepping stone to a brighter tomorrow. Good luck

Owner Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Owner Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Seattle Dogs Homeless Program
 206.519.1697

Name of owner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dogs name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Microchipped? Y\_\_ N\_\_ # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vaccinated? Y\_\_\_\_N\_\_\_\_ Altered? Y\_\_\_N\_\_

Any medication or medical issues? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person that referred you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does he/she get along with other dogs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_ Ph # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_ Ph # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_