Cedar Valley Pet Resort

4302 Concession Rd. #4 Orono, ON L0B 1M0

Phone: 905-786-0106 Email: Cedarvalleypetreort@hotmail.com

Customer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer Address and Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cedar Valley Pet Resort (CVPR) agrees to provide daycare and/or boarding as agreed by the pet owner **(Owner)** at the agreed upon rate. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CVPR will be open seven days a week between 8:30am and 12:30pm and 4pm to 8pm with drop off/pick up times during these hours\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner agrees that payment in full must be paid either when pet(s) is being dropped off or upon pick up. 13% HST will be added to all payments. Payments shall be made by: Cash, Credit, Debit, or e-transfer. \*Please note there is a $2 fee for all credit card payments. \_\_\_\_\_\_\_\_\_

Owner represents that the pet(s) are in good health and is not ill with any communicable diseases, and that the animal(s) have all current shots. \_\_\_\_\_\_\_\_\_\_\_\_

In the event that the pet becomes ill or injured, CVPR shall make every attempt to notify the owner and/or the emergency contact. If the owner and emergency contact cannot be reached, CVPR is authorized to engage the services of a veterinarian, including the transportation of the pet if needed, or to administer medicine or give such other care for the animal that appears reasonable and advisable. Owner authorizes CVPR to accrue a cost of $\_\_\_\_\_\_\_\_ at the veterinarian clinic. \_\_\_\_\_\_\_\_\_\_\_\_\_

A surcharge of $2.50/meal will be applied if insufficient food is provided. \_\_\_\_\_\_\_\_\_\_

Owner understands that pet(s) may sustain minor injuries such as nicks and scratches when playing. CVPR may wait until owner picks up pet to inform them of any non-serious injury. \_\_\_\_\_\_\_

Owner understands that if the pet is not picked up within 10 days of expected departure, and no communication has been made to CVPR, the pet will be deemed abandoned and CVPR shall be entitled to transfer the pet to a shelter or third party owner. \_\_\_\_\_\_\_\_\_\_

**I certify that I have read the rules and regulations and that I understand this agreement. I agree to abide by the rules and regulation and accept all the terms, conditions and statements of this agreement.**

**Owner's name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Owner's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**