

Hills Handling Services
Donna Hills/ Daryl Heggie
1194 Peyton Dr NW
Kennesaw, Georgia 30152
770-365-6695/678-794-1616
Handling Agreement.2017

CLIENT NAME: _____ PHONE: _____
ADDRESS: _____ CITY/STATE/ZIP: _____
EMAIL ADDRESS: _____
Dog Name: _____ MicroChip #: _____
AKC: _____ Dogs Regular Vet: _____

THE CLIENT(S) authorize the handler to consult any veterinarian available should medical attention be required any services by such veterinarian shall be at owner's expense. The client(s) shall provide copies of vaccinations. (_____/initial)

THE CLIENT(S) assume all responsibility for executing all entries, unless otherwise arranged with handler. If handler executes entries, additional charges will apply (see price sheet). The client(s) further agrees any cancellation made by him/her must be done prior to the closing date of entries. Regular handling fees will be due and payable to the handler for any cancellations made by the client (s) after the closing of entries. The client(s) authorize handler to obtain suitable handling services, due to ring conflicts, and further understand that client(s) are responsible for payment, in case such conflict arises.(_____/initial)

THE CLIENT(S) represent that s/he is the owner of the animal and that all amounts due and owing the handler under this contract will be due upon receipt of statement. Interest at the rate of 1.5% per month will be charges on any balance 30 days past due. The client(s) further agrees to pay reasonable attorney fees and court costs, should this action become necessary to collect any past due accounts incurred by client(s). (_____/initial)

NO liability will be assumed by handler beyond giving client(s) dog all reasonable care and control. Client acknowledges that dog is not insured by handler against loss. Any suit brought to enforce this contract, shall be brought in Kennesaw, Georgia Cobb County(_____/initial)

THE CLIENT(S) hereby stipulates and attest that client(s) have the power and authority to enter into this contract on client(s) behalf of any other party involved in the ownership or co-ownership of the dog(s). (_____/initial)

RETURNED CHECK fee is \$35.00 per occurrence, plus any other applicable banking fees associated with said returned check. A deposit is required for all dogs left in my care or booked for four or more show days. Dogs will not be shipped home until the BILL IS PAID IN FULL. (_____/initial).

THE CLIENT(S) acknowledges receipt of complete price list and agrees to all rates and charges, and agrees to provide handler with signed & notarized Power of Attorney. (_____/initial)

THIS AGREEMENT IS LEGAL AND BINDING ANY TIME ANY ANIMAL OWNED BY THE ABOVE-NAMED PERSON(S) IS LEFT IN THE HANDLER'S CARE.

Handler/Date

Owner Signature Date