Pampered Pets Boarding Kennel & Owner Boarding Agreement

Terms and Conditions: Pampered Pets Boarding Kennel ("Kennel") agrees to exercise due care and caution in the boarding of domestic animals ("pet"). Premises will be kept clean and secure. Pet will be fed properly and regularly, will be monitored, and will be housed in separate cat cages or indoor/Outdoor Dog runs. The indoor facilities are heated. All dogs will be kept indoors at night. All dogs will be walked and played with two times per day.

All cats will have private play-time in a large play area for two hours per day.

Due diligence, care and caution having been exercised by Kennel, pet owner ("Owner") agrees that all pets are accepted for boarding, without liability for loss or damage from disease, death or other condition resulting from any cause. Kennels liability shall not exceed two hundred dollars \$200.00 per pet. Except in case of emergency, pet will not be removed from Kennel premises, unless requested by owner.

Any pet, while in the possession of Kennel, which is found to have fleas or ticks will be bathed and treated at Owner's expense. If Pet should become ill while in possession of Kennel, Kennel will attempt to contact Owner. If Owner cannot be expeditiously contacted and/ or if Owner specifies no veterinarian, Kennel will place Pet in the care of

Alpine Animal Hospital 2910 Main Durango, CO 81301 (970) 247-5771. **OWNER SHALL BE RESPONSIBLE FOR ALL NECESSARY HEALTH AND VETERINIAN CARE AS MAY BE DETERMINED BY KENNEL.**

NOTIFICATION. Should it become necessary to contact Owner for any reason, Kennel will attempt to telephone Owner at number listed on reverse side. If unable to contact Owner, Kennel will attempt to telephone "Alternative Contact" listed below. Kennel is authorized to contact Owner's veterinarian as listed on reverse side. If no Veterinarian is listed, Kennel will use Alpine Animal Hospital as it may be considered necessary to protect the health of the Pet.

NON PAYMENT OR ABANDONMENT. Should Owner not retrieve Pet within ten (10) days of scheduled date, or should Owner not arrange for full payment of all services at time of pick-up, Pet shall be considered abandoned and may become property of the Kennel. Kennel shall have the right to sell Pet to recover costs. Owner shall be responsible for any shortfall of costs recovered; any excess shall be refunded by Kennel to Owner. Notice of such sale shall be mailed by Kennel via U.S. Certified or Registered mail to Owner's address shown below; Kennel shall attempt to provide ten (10) days notice of any such action. Kennel will prosecute Owners for any abandonment of pets according to local laws.

Checkout time is 12:00 noon, after which additional boarding charges are incurred.

I have read the foregoing and agree.

Charge is by the night. Pick-up after 6:00p.m. By appointment only. One night minimum stay. All Pets must have current records and shots including bordetella (dogs only). Problem pets may have an additional charge. There will be an additional charge of \$1-\$5 per day to dispense medications (owners will supply medication, needles & syringes). Owner agrees to pay the rate for boarding in effect on the date pet is checked in. Owner will not remove pet from kennel until all costs and charges are paid to kennel by owner. Owner represents that the pet has not been exposed to rabies or distemper within a thirty day period prior to boarding. Any controversy or claim arising out of this contract shall be settled by arbitration in accordance with the rules of the American arbitration association. And the losing party will pay reasonable attorney's fees and arbitration fees.

Signature of owner Date Phone number

Alternative contact, cell # or hotel#______

Pampered Pets – Pet Boarding Kennels

					Telephone #		
Addre	ess						
					Phone#		
Name	e of Pet(s)					
					_DOB		Sex
Color & Description					Breed		
Weig	ht			Spaye	d/Neutered_		
Food	Allergies	S					
Has y	our pet e	ver bitt	en anyo	one ?			
Speci	al instruc	ctions					
	-						
	ınization						
Rabies DHLPP-0							
				_			8
Medications						_ Dosage	2
Rate 1	per Night	sm_		lg			
Date In	Est. Date Out	Date Out	Charge	Comments/Notes	Payment		