



## Overnight Service Contract

Client's Name: \_\_\_\_\_

Pet(s) Names: \_\_\_\_\_ Age(s): \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

All dogs must be current with vaccinations and county licenses.

Rabies Tag #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

To better serve your pet, please use the space below to provide any additional information for your pet. Please be sure to include medications, conditions, or behavioral problems. Should you have special instructions, in the event of an emergency, please include them here.

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**The client whose signature appears below agrees to the following:**

The initial term of this contract will begin on \_\_\_\_\_, 20\_\_ through \_\_\_\_\_, 20\_\_.

\_\_\_\_\_ Client will drop-off/pickup at Canine Adventure.

\_\_\_\_\_ Canine Adventure will pickup/drop-off at your home.

Time of drop-off/pickup to mutually agreed upon.

The fees are \$40.00 for 24 hours. The day is split into four 6 hour blocks. Each block equals \$10. You will only be charged for the time your pet is here.

Client will provide food for dog(s) for the duration of the overnight stays. If Canine Adventure is to provide food, there will be an additional charge of \$3.00 per day.

\_\_\_\_\_ In the event that the client does not require Canine Adventure services on an agreed upon day, Canine Adventure must be notified at least 24 hours prior to the scheduled walk to avoid being charged for the overnight stay.

\_\_\_\_\_ In the event of an emergency, when the above owner contacts are unavailable, the client authorizes Canine Adventure to seek medical attention from the above listed veterinarian at the client's expense. Should the listed veterinarian be unavailable also, the client authorizes Canine Adventure to use their best judgment in selecting an alternate veterinarian. In this event, the client authorizes Canine Adventure to approve medical and/or emergency procedures, excluding euthanasia, as recommended by the veterinarian. Any expenses incurred by Canine Adventure will be reimbursed within 48 hours.

\_\_\_\_\_ In the absence of the above owner, the client authorizes CanineAdventure or its agents, to act on behalf of the owner in all capacities.

Canine Adventure agrees to provide services as outlined in this contract in a reliable, responsible and compassionate manner. Canine Adventure will use their best judgment and the information provided by the client when making decisions about the client's pets and premises. Client will be responsible for any medical expenses incurred due to client's pet or condition of premises.

Both parties have reviewed this contract for accuracy and agree to be bound by the terms of this Service Contract.

This contract and all its terms remain in effect for any subsequent overnight stays until cancelled in writing by client or CanineAdventure.

Signed this date, \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Canine Adventure Signature