

Rural Route Retrievers, LLC Boarding Contract



Dog's Name: _____

Breed: _____ Age: _____ Color: _____

Male Female Desexed Intact

Feeding Instructions (Quantity & Frequency/Day) _____

Medications (Dosage Schedule) _____

Special Instructions _____

Owner's Name: _____

Address _____

Cell Phone _____

Dog Health and Vaccinations:

Client warrants that Dog(s) has not previously bitten, attacked, or injured any person, dog, pet or received a warning or citation from animal control. _____(initial)

Client certifies that Dog(s) is current on all vaccinations, including Bordetella, Rabies, DHLPP, and Parvo.

_____(initial). **HEALTH CERTIFICATE REQUIRED PRIOR TO OR AT DROP OFF.**

I, certify that I am the owner of this pet, and I grant permission to this facility and its staff to obtain on my behalf and in my pets' best interest the veterinary care necessary to treat illness or injury. I agree to pay all veterinary and other necessary services incurred by and for my pet during its stay in this facility. This facility agrees to exercise due and reasonable care to prevent injury or illness to my pet. However, in the event of illness or injury, the facility and its owners and staff shall not be held liable for such injury or illness. I understand the Bordetella vaccine is not 100% effective and there are no guarantees in regards to the Bordetella vaccine. I agree to pay all charges the day I pick up my pet and I understand that my pet may not leave the premises until all charges are paid in full. I understand that any animal left for 10 days beyond the estimated date of pick up will be considered abandoned.

Owner's Signature _____

Date ____ / ____ / 20____