

Castle Rock Kennels

W4167 49th St. Mauston, WI 53948

(608)408-9043

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NOTE: Check in and check out times are set by appointment only and are agreed upon by both parties at the time of signing this contract, before check in.

Owner's Name _____

Address _____

Phone Numbers _____

Emergency Contact and phone number if we cannot reach you. _____

1st Pet's Name, Breed, and Sex (Female, Female Spayed, Intact Male, Neutered Male)

2nd Pet's Name, Breed, and Sex (Female, Female Spayed, Intact Male, Neutered Male)

3rd Pet's Name, Breed, and Sex (Female, Female Spayed, Intact Male, Neutered Male)

4th Pet's Name, Breed, and Sex (Female, Female Spayed, Intact Male, Neutered Male)

Veterinary's Name and Phone number (If local) _____

Please list medications and instructions on administering medications for your dog if necessary. _____

Please list name of food and instructions on administering food for your dog. You are responsible to bring dog food for your dog. _____

Please attach a copy of all up to date veterinary vaccinations required to board with us unless you've already sent copies: Rabies, Distemper, and Bordetella.

You are welcome to bring any personal belonging for your pet during their stay. We ask no squeaker toys or rawhides. We can provide a blanket for your dog if necessary.

Please list any information you feel necessary for us to know about your dog (Special behaviors or habits, fears, etc.).

* I, the owner understand that Castle Rock Kennels will keep the kennels clean and safe for my dogs and also will be caring and trustworthy with my dogs during their stay. In the event of a natural disaster, I, the owner entrust Castle Rock Kennels and its employees to use best judgment in caring for my pet and they will be held harmless for consequences related to such decisions. Castle Rock Kennels and its employees have the authority to transport dogs to and from a safe house if necessary.

Sign: _____ Date: _____

* I, the owner understand that all pets must be vaccinated and acknowledges that pets will be in an environment with other pets and understand that any pet may harbor and spread a communicable disease. I, the owner release from and waive all claims and liability against Castle Rock Kennels for all losses, damages, costs and expenses arising out of or in connection with any communicable disease contracted by my pet during boarding.

Sign: _____ Date: _____

* I, the owner understand that if my pet is constantly disruptive with excessive barking or destructive behavior during their stay, he or she will no longer be allowed to board with us until this problem is resolved. If the problem is not resolved during their stay, Castle Rock Kennels will notify the owner by telephone to promptly remove their pet from the premises. Boarding fees for unused days will be refunded.

Sign: _____ Date: _____

* I, the owner understand that my pet is allowed to run free in the fenced yard and that the possibility that my pet may jump or dig under the fence and escape. Due to the nature of dogs and an open environment, dogs may be injured. The dog's behavior now and in the future, inside and outside, is my responsibility as the owner and agree to pay all damage or

injury resulting from the dog's behavior and absolve Castle Rock Kennels from any and all obligations to pay such damages. The owner accepts these risks and agrees to pay for all veterinary treatment.

Sign: _____ Date: _____

* I, the owner understand that if the pet is not picked up as agreed, Castle Rock Kennels will give a written notice to the owner by Certified Mail to the address shown on the contract. I understand that if I don't respond within 10 days, the pet is considered abandoned. The owner accepts and agrees that the pet becomes the property of Castle Rock Kennels to keep, sell, give away, or surrender at their sole discretion. The owner is still liable and agrees to pay all fees and costs, including boarding, veterinary, legal, and collection cost.

Sign: _____ Date: _____

* All returned checks will result in a charge of \$25, if the face value does not exceed \$50; \$30 if the face value exceeds \$50 but does not exceed \$300; \$40 if the face value exceeds \$300; or an amount of up to 5% of the face amount of the check, whichever is greater. The owner agrees to pay all court, attorney, and collection fees.

*Medical Authorization: Should medical attention be necessary, Castle Rock Kennels and its employees are authorized by my signature below to seek medical treatment for my pet(s). I agree to be responsible for any debt incurred involving any and all medical treatment of my pet(s). I release Castle Rock Kennels and its employees from any responsibility for claims or debts related to injury or medical treatment, including transportation to and from the veterinary clinic.

Sign: _____ Date: _____

I have reviewed this contract in its entirety. I have disclosed all know behavioral and medical history of the pet. The information is complete and accurate, and I agree to its terms and conditions as set out.

Sign: _____ Date: _____

Staff Signature: _____ Date: _____