

Creature Comforts Kennels Boarding Agreement

This Agreement and the Supplements referred to apply to all visits by your Pet to Creature Comforts Kennels ("CCK").

1. **Services.** We agree to provide the specific services ("Services") to your Pet for each visit as indicated on the Service Card that will be filled out for each of your Pet's visits. We will exercise reasonable judgment as we provide the Services.
2. **Payment for Services.** You agree to pay us for the Services we provide to your Pet during each visit at the rates set forth at the start of such visit (collectively the "Charges"). Prices are subject to change without notice and seasonal rates may apply. Charges begin on the day you leave your Pet. **Kennel check-out time is BY NOON on the Departure Date and additional charges will be due for late check-out. In addition, check-in times are AFTER 1:00pm. Any early check-in times will incur additional charges. There is always a nightly charge for dismissals on Sunday.** _____ (owner's initials) If you do not pay your bill in full at check-out, CCK may to return your Pet to you at the time of check-out. You understand, however, that you will remain liable for all charges incurred during your Pet's stay, and CCK reserves the right to collect any unpaid balance. Failure to pay is considered theft of service, and is prosecutable.
3. **Reservations.** Reservations are accepted but not guaranteed without verification of CCK requirements.
4. **Cancellations.** If you need to cancel your reservation, please do so at least (2) days prior to your arrival date. CCK reserves the right to charge late cancellation fees.
5. **Your Agent.** You must provide an adult, over the age of 18, as your Agent. Your Agent must also be someone other than the primary Pet Parent(s) and should not be someone traveling with you if you are leaving town. If we cannot reach you, you authorize us to contact your Agent. You agree that your Agent shall have your full and complete authority to make any and all decisions, including those related to the health of your Pet and the expenditure of funds, for or on behalf of you and your Pet.
6. **Emergencies.** In an emergency or natural disaster, every effort will be made to contact you or your Agent to retrieve your Pet. You agree that CCK, at its sole discretion, is authorized to transport, and/or to make temporary alternative arrangements to house and care for your Pet until you or your Agent can retrieve the Pet. You understand it may not always be possible to safely evacuate your Pet.
7. **Check-In and Check-Out.** The lobby is open for check-in and check-out as posted during our open hours. Hours may vary. We may require government issued identification before releasing the Pet(s) as we want to be sure we only release your Pet to you, your Agent, or such other individual(s) designated by you in writing as authorized to pick up your Pet.
8. **Pet Health and Behavior.** We reserve the right to refuse to accept a Pet at check-in for any reason, including without limit, if it appears to us the Pet is sick, injured, in pain, or that its behavior could jeopardize the health or safety of other Pets or our staff.
 - ✓ No Pet can stay with us unless the Pet is healthy and we have confirmation from a licensed veterinarian or approved designee that the Pet has received all vaccinations required by CCK.
 - ✓ If, at any time, your Pet is found to have fleas or ticks, we may provide the appropriate flea or tick removal treatment, and you authorize us to provide such service at your additional expense.
 - ✓ We may accept certain older Pets, and we may administer routine medication for chronic conditions, but we are not equipped to care for acutely sick Pets or aggressive or biting Pets. (Refer to Aggressive Pet Policy)
 - ✓ You represent that to the best of your knowledge, your Pet has not been exposed to rabies, kennel cough, distemper, or parvovirus within 30 days prior to beginning its stay with us.
 - ✓ If your Pet has been treated for a contagious illness, we cannot accept your Pet for at least two (2) weeks after treatment has been completed and a statement of health is obtained from a licensed veterinarian.
 - ✓ You acknowledge that we may contact appropriate authorities if your Pet bites another Pet or any person.
 - ✓ You acknowledge and agree that in the unlikely event your Pet becomes ill or injured, or if your Pet has a pre-existing condition which is aggravated by its stay, and requires professional attention, we will attempt to notify you or your Agent at the telephone numbers you provide on this or other forms. If we cannot reach you or your Agent, CCK at its sole discretion, may engage the services of a veterinarian and/or administer medicine or give other necessary attention to your Pet, and **you authorize us to provide any such service at your additional expense.** In cases we believe to be critical, we may take your Pet to the veterinarian first before trying to contact you. If you refuse medical treatment for your Pet, CCK, at its sole discretion, may engage the services of a veterinarian and/or administer medicine to make your Pet as comfortable as possible until picked up by you or your Agent, and **you authorize us to provide any such service at your additional expense.** If we cannot reach you or your Agent, we will make healthcare decisions for your Pet based on the recommendations of available professionals.
 - ✓ Should your pet become destructive of the accommodations or additional items supplied in our Comfort Suites, your pet will be moved to our Standard Boarding Runs at the cost of the boarding run that is available. Once your pet has been determined to have destructive behaviors, future visits will be accommodated in our Standard Boarding Runs only. Should your pet become destructive of items supplied in our Standard Boarding Runs, all items will be removed.
9. **Contact with Other Pets.** While your Pet is staying with us, he or she will come into contact with other Pets. Every effort will be made to ensure the safety of our guests by enforcing strict restrictions on Pets as set forth in CCK's procedures.
 - ✓ You acknowledge and agree that in the unlikely event your Pet is injured by another Pet, **YOU RELEASE CREATURE COMFORTS KENNELS AND ITS AGENTS FROM ANY LIABILITY FOR SUCH INJURY.**
 - ✓ If your Pet injures another Pet, you will be solely responsible for any injury to the other Pet(s) as well as your own Pet, and **YOU RELEASE CREATURE COMFORTS KENNELS AND ITS AGENTS FROM ANY LIABILITY FOR SUCH INJURY.**

Communicable diseases: all Pets coming into the CCK are required to be vaccinated. However, it is still possible for a Pet to become ill, even if vaccinated. You understand this risk and agree that CCK is not liable for any illness suffered by your Pet during or after its stay, including but not limited to

Tracheobronchitis (Canine Cough), or diarrhea.

_____ (pet owner/agent initials)

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10. CCK reserves the right to limit the number of pets who can share the same kennel, condo, or suite. CCK also may move Pets to a different area than requested, if it is found to be in the best interest of the Pets well-being. Multiple pets housed together, who show aggression toward each other or consistently aggravate/disturb another Pets peace, will be separated at the discretion of CCK. Current, and applicable, charges will apply.
11. When at full or near full capacity, CCK reserves the right to move your Pet/s to a different kennel, condo, and/or suite size than what was requested, in order to accommodate more guests.
12. **Pets not picked up on Departure Date.** If you or your Agent do not pick up your Pet at the agreed upon time, you hereby authorize us to continue to provide the Services as set forth in this Agreement at your expense. If CCK determines, at its sole discretion, that an extension of Services is required, payment in full may be required prior to extending such Services. Notwithstanding the foregoing, if your Pet is deemed abandoned under local, state, or federal laws or regulations, or at CCK's discretion as permitted by law, we will follow the Abandoned Pet Procedure. CCK will determine any pet not picked up within 3 days from agreed departure time, without contact from you, as abandoned.
13. **Abandoned Pet Procedure.** Unless otherwise required by applicable law, if you fail to pick up your Pet by the designated time:
 - ✓ All Services will stop, with the exception of medication administration necessary to ensure Pet health and safety and basic boarding services (food, water, relief time and shelter). Daycare guests may be converted to boarding services if the Pet has not been picked up within the lobby hours and you shall pay the expense;
 - ✓ We will attempt to contact you by telephone and/or in writing using the information that you have provided, advising you that if your Pet is not picked up within a reasonable time period, your Pet will be deemed to be abandoned and that we will deliver the Pet to a third party adoption partner, Animal Control or other similar government agency. You understand that you may lose ownership of your Pet under these circumstances. If you fail to pick-up your Pet for any reason, **YOU RELEASE CREATURE COMFORTS KENNELS FROM ALL FURTHER LIABILITY AND RESPONSIBILITY FOR YOUR PET.**
 - ✓ You shall remain liable to us for all unpaid Charges, including without limit the court costs and reasonable attorneys' fees incurred in the collection of the Charges.
14. **Your representations to us.** You represent to us that you are the owner of the Pet and that you are fully authorized to enter into this Agreement. All of the information about you and your Pet in this Agreement is true, accurate and complete. In a custody dispute, we will exercise reasonable judgment based on the known facts and we may, in our sole discretion, require proof of ownership, a written property settlement agreement or court decree.
 - ✓ To the best of your knowledge, your Pet has no illness, injury or behavior problem (including aggressive or biting behavior) that has not been disclosed to us.
 - ✓ You agree to indemnify and hold us harmless, from and against all loss, damage or expense, including attorneys' fees, resulting from misrepresentations by you or your representatives or resulting from your Pet's stay including, without limitation, any person claiming to be the owner of your Pet and any person claiming damage or injury by your Pet.
15. **Miscellaneous Provisions.** This written Agreement constitutes our entire and only agreement and there are no oral agreements or understandings except as provided for in this Agreement.
 - ✓ This Agreement shall bind us and our assigns and you and your heirs and assigns.
 - ✓ The law that applies to the Agreement is the law of the state or province and municipality where your Pet is to stay. If there are disputes that result in litigation, the courts of the state or province and municipality where your Pet is to stay shall have exclusive jurisdiction.
16. **Personal items.** Do not bring items with your Pet that are valuable or irreplaceable. **CCK is not responsible for loss or damage to any personal item or toy left with your Pet.**
17. **Definitions.** The terms used throughout this Agreement, whether capitalized or not, and in either the singular or plural form, shall mean as follows: "We," "us," "CCK" and means Creature Comforts Kennels LLC. and its subsidiaries. "You" and "your" shall mean the Pet Parent(s) signing this Agreement. "Pet" shall mean the dog(s) and cat(s) staying at CCK and "your Pet" shall refer to the Pet(s) designated by the Pet Parent in this Agreement.

You have read this entire Agreement, you have had the opportunity to discuss it with us to your satisfaction, and you agree to its terms.

Pet Parent Signature _____ Date _____
Pet Parent Name (please print) _____ 1st Phone: _____
Address (Street or Mailing Address) _____ 2nd Phone: _____
Address (City, State, Zip Code) _____ E-mail: _____

Agents who we can act on your behalf for all purposes under this Agreement:

Agent 1 Name: _____	1 st Phone: _____
Relationship to Pet Parent: _____	2 nd Phone: _____
Agent 2 Name: _____	1 st Phone: _____
Relationship to Pet Parent: _____	2 nd Phone: _____

Creature Comforts Client & Pet Information

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out both sides of this information sheet. State & Federal Law requires you must be 18 to complete this form.

Owner's Name: _____ Spouse/Other: _____

Address: _____ City: _____ State: _____ Zip: _____

1st Phone #: _____ 2nd Phone #(s): _____ Work Phone# _____

E-mail Address: _____ 2nd Email Address: _____

When Is It Best to Call About Your Pet? At What Time: _____ What Phone #: _____

In Case of EMERGENCY, Call _____ At Phone # _____

We will gladly prepare a written estimate if you so desire. All fees are due at time services are rendered. Payments accepted in the form of Cash, Debit Card, or Credit Card. Sorry, **NO CHECKS** accepted.

Preferred Method of Payment: ☐ Cash ☐ Debit Card ☐ Credit Card

Name of Current Veterinarian: _____

How did you hear about Creature Comforts Kennels?

- ☐ Individual, Someone We May Thank? _____
☐ Yellow Pages, or another telephone directory.
☐ Road Sign
☐ Another Hospital or facility. If so, which? _____
☐ Internet/ Website
☐ Other, please state: _____

How would you like us to contact you during your pets stay or for reminders for future stays for your pet?

☐ Phone ☐ Mail ☐ E- Mail ☐ Both Phone & Mail

To help prevent the spread of infectious diseases, ALL boarded animals must be current on all required vaccinations and free of external parasites.

DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccination can be updated at the time of your appointment if it is not current at an additional cost.

I understand every effort will be made to achieve a successful stay and to provide for all possible safety in boarding/grooming care and handling. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the facility or prior to boarding, as facility policy requires or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that a service fee of \$25.00 will be assessed for funds which are cancelled/stopped, denied, or deemed as non-sufficient after payment has appeared to have been processed, regardless of the type/form of payment. I also understand that a service fee of \$25.00 will be assessed for any certified letter that must be sent. All accounts unpaid after 30 days receive a \$5.00 Billing Charge each month and a late charge computed at a periodic rate of 1.50% per month, which is an annual percentage rate of 18.00% with a minimum monthly charge of \$1.00. I understand that boarding service is provided during nighttime hours as necessary in the judgment of the staff in charge. Continuous 24hr presence of personnel may not be provided. If I neglect to pick up my pet within 3 days of the discharge date and do not notify you within that time period, you may assume that the pet is abandoned and are hereby authorized to dispose of the pet as you deem best and/or necessary. For boarding services, I understand I will be charged a full night for any pet(s) dismissed on Sunday.

Signature _____ Date _____

Pet Vaccination History

Please complete information	Pet #1	Pet #2	Pet #3
Pet's Name			
Species (Dog, Cat, Bird, etc.)			
Breed			
Description (Color and Markings)			
Age or Date of Birth (Approximate)			
Sex	M - F	M - F	M - F
Altered or Spayed?	Y - N	Y - N	Y - N
Diet (Name of Your Pet's Food)			
Daily Medications, Vitamins or Treats			
Shampoo/Flea Products Allergies			
Hours Spent Outside Each Day			
Vaccinations	Please note the dates the following vaccines/tests were given		
	Pet #1	Pet #2	Pet #3
DOGS:			
DA2LPP (Distemper/Parvo)			
Bordetella (Kennel Cough)			
Corona (Dogs)			
Other Vaccines - Please Specify			
Rabies			
CATS:			
FVRCP (Infectious Diseases)			
FELV (Feline Leukemia)			
Rabies			
Flea Control Used & Date Last Applied			
Heartworm Test (Dogs)			
FELV Test or FIV Test? (Cats)			
Fecal Test (Stool Exam for Worms)			
Heartworm/deworming (Approx. Date)			



PET ASSESSMENT

For Internal Use Only

Complete By:

Date:

PET PARENT INFORMATION	
Last Name:	First Name:
Vet Clinic Name:	Vet Clinic Phone #
Pet Name:	

PET MEDICAL HISTORY	YES	NO	If yes, please describe
Has the pet been diagnosed with any medical condition, such as:			
Heart Condition			
Thyroid Disease			
Allergies			
Seizures (Please describe frequency, severity, cause of occurrence, behaviors to look for, etc.)			
Physical Limitations (arthritis, missing limb, blind, deaf, etc.)			
Bloat			
Cancer			
Other: (please describe)			
Do you use a regular flea/tick preventative on your pet?			
Pet History	YES	NO	If yes, please describe
Has your pet ever bitten a person, pet, or other animal?			
Has your pet ever been bitten or attacked by another pet?			
Are there any specific behaviors or requirements we need to be aware of? (i.e. eats from a raised feeder, must use a harness)			
Has your pet ever been boarded before?			
If your pet has boarded before, has it ever been reported to you that your pet shows signs of stress or destructive behaviors?			
Is your pet cage shy and/or cage aggressive?			
Does your DOG have any tendencies to climb or dig from enclosures?			
Does your pet display chewing and/or other destructive behaviors of household type items?			
Has your dog ever played with dogs at a Dog Park or Doggie Day Camp? (Dog Only)			
Does your pet protect his/her food or toys? (Dog Only)			

PET EXPERIENCES	Calm	Happy/ Excited	Timid/ Shy	Fearful	Aggressive
What is the pet's behavior when...					
Meeting another pet?					
Meeting a stranger (in his/her home and outside the home)?					
Walking on a leash?					
How does the pet behave interacting or playing...					
With other pets?					
With a person?					

Additional Information (Optional):

Please print, complete, and return to us prior to, or at check-in for your pets stay.

NOTE: There is a nightly fee charged for dismissals on Sunday. _____
(owner's initials)

GROOMING SERVICES CONSENT FORM

Owner Name: _____
Pet's Name: _____ Veterinarian: _____
Breed: _____ Birthdate: _____ Age: _____
Sex: Male: ☐ Female: ☐ Neutered: ☐ Spayed: ☐

Best Phone # to Reach You: _____

Type Of Grooming: Clip: ☐ Bath: ☐ Same: ☐

Instructions: _____

I, the undersigned owner, or owner's agent, of the pet identified above, certify that **I am** / **I am not** (circle one) over **eighteen** years of age, and thereby consent to the grooming of my pet by the professional groomer(s) at Creature Comforts Kennels. **I understand that some risks always exist** with all types of grooming, vaccines, and/or including unknown physical abnormalities, allergies, and other unforeseen complications, and that I am encouraged, and it is my responsibility to discuss any concerns I have about those risks with my attending groomer before the procedure is initiated.

I understand that the pet identified above must have his/her vaccines up to date before coming to Creature Comforts Kennels to have any services performed. As the owner, you are responsible for making sure that your pet has the following vaccines up to date: Bordetella and Rabies vaccines.

I understand that the grooming process **can be stressful to any pet** at any time, and the grooming services will be done in a professional manner. I will not hold Creature Comforts Kennels liable for any health conditions that may arise during or after grooming of the pet. If I have any concerns regarding grooming I will notify CCK within 24 hours after the grooming service.

I understand that I may request an estimate before the grooming process begins, and I am encouraged to discuss all fees attendant to such care before services are rendered. I understand that any estimate given is only an **estimate** of the known charges, and that complications and/or unforeseen additional problems may require additional services and time; and therefore, increased fees. Should some unexpected life-saving emergency care be required the Creature Comforts Kennels staff has my permission to call their Sister company, Premier Vet Care, to provide such treatment and I agree to pay for such additional care.

If my pet is not picked up before Creature Comfort Kennels closes, I agree to pay \$25 (per pet) for each night that your pet(s) is here and assume financial responsibility for the balance of all services rendered on a cash, and/or credit card basis at the time my pet is discharged. I further agree that I, or an authorized agent of mine, will pick up my pet and pay for all accrued charges upon dismissal of my pet from Creature Comforts Kennels. I agree that if I fail to comply with this policy the CREATURE COMFORTS KENNELS may handle this abandonment and/or failure of payment in the best interests of the animal and the kennel.

NAME OF OWNER

SIGNATURE OF OWNER

DATE: