

# Dusty Trails

572 Ojai Street • Fillmore, CA 93015 • ph/fax 805.625.7068 • www.thedustytrails.com

\*Monday–Sunday, 9:00am–5:00pm, by appointment only\*

## Boarding/Training Services Agreement

Name: \_\_\_\_\_ Emer. Phone: \_\_\_\_\_

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

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

Pet's Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Breed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Spayed/Neutered: Y/N

Spayed/Neutered: Y/N

### TERMS & CONDITIONS

I, \_\_\_\_\_ (hereinafter referred to as "client") have employed Chris Gant hereinafter referred to as Dusty Trails to board, train and care for my dog(s) mentioned above. \_\_\_\_\_ *Owner Initial*

**Boarding**

**Board & Train**

**Daycare**

*If 'Board & Train' was selected, provide the type of training your pup(s) need?*

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Cost per day: \_\_\_\_\_ Referred by: \_\_\_\_\_

Total Cost: \_\_\_\_\_ Deposit Paid: \_\_\_\_\_

#### TERMINATION OF TRAINING

The owner of the dog(s) may have the animal withdrawn from training at any time, however, once training has begun; all fees are non-refundable. In the event either party deems it necessary to employ legal counsel to protect its rights under this agreement, the prevailing party agrees to pay all expenses including, but not limited to costs and reasonable attorney's fees.

#### VETERINARY INFORMATION

**\*COPY OF VACCINATION RECORDS ARE REQUIRED!\***

Hospital Name: \_\_\_\_\_ Doctor/Vet Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

In the event this veterinarian is unavailable the owner authorizes the Dusty Trails to have the dog(s) given emergency medical treatment by any licensed veterinarian of Dusty Trails' choosing. The client will reimburse Dusty Trails for all charges related to this emergency care provided receipts are submitted to the owner. Upon receipt of such receipts, the owner/agent will pay all amounts noted on receipt(s) to the Company within fifteen days.

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## Revisit Information (office use only.)

Here for: \_\_\_\_\_ Owner's signature: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Cost per day: \_\_\_\_\_

Total Cost: \_\_\_\_\_ Deposit Paid: \_\_\_\_\_

Here for: \_\_\_\_\_ Owner's signature: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Cost per day: \_\_\_\_\_

Total Cost: \_\_\_\_\_ Deposit Paid: \_\_\_\_\_

Here for: \_\_\_\_\_ Owner's signature: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Cost per day: \_\_\_\_\_

Total Cost: \_\_\_\_\_ Deposit Paid: \_\_\_\_\_

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Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Cost per day: \_\_\_\_\_

Total Cost: \_\_\_\_\_ Deposit Paid: \_\_\_\_\_

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Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Cost per day: \_\_\_\_\_

Total Cost: \_\_\_\_\_ Deposit Paid: \_\_\_\_\_

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Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Cost per day: \_\_\_\_\_

Total Cost: \_\_\_\_\_ Deposit Paid: \_\_\_\_\_

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## MEDICAL CONDITIONS/ALLERGIES

Please list any medical conditions that apply to your dog(s)

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## MEDICATIONS

Please list all medications currently prescribed for your dog(s)

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## MEALS

**\*Owner MUST provide dog food for every day they're here\***

Brand/Type of kibble (i.e. chicken, salmon): \_\_\_\_\_

Amount per meal: \_\_\_\_\_

THE OWNER UNDERSTANDS AND AGREES THAT WITHOUT 100% COOPERATION WITH THE TRAINER; THE DOG(S) WILL NOT RESPOND TO THEM

- The owner/agent will be responsible for purchasing any necessary equipment that the trainer recommends to continue training the dog(s) at home.

## LIABILITY

I, \_\_\_\_\_ as the legal owner of the above mentioned pet(s), having carefully read and fully understand this agreement, do hereby waive and release Dusty Trails from any and all liability of any nature. This includes any injury, death, sickness or damage my pet may suffer during or after any training program. I also agree to indemnify and to hold Dusty Trails and Chris Gant harmless from any and all claims due to damage the pet may cause to any family members of any third parties during or after training. The terms and conditions set forth in this agreement cannot be modified or changed in any way unless agreed to by both parties in writing. I have read, fully understand and agree to the above contract terms.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trainer Signature

\_\_\_\_\_  
Date