



# Jackson Country Kennel

- Pet Boarding and Grooming -

## Boarding Contract

**Owner's Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Veterinarian:** \_\_\_\_\_ Phone number: \_\_\_\_\_

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

**1. Pet Name:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ Spayed  Neutered

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

**2. Pet Name:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ Spayed  Neutered

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

**3. Pet Name:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ Spayed  Neutered

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

Do any of your pets have allergies? If so, what are they? \_\_\_\_\_

\_\_\_\_\_

Do any of your pets have any medical conditions? If so, what are they? \_\_\_\_\_

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Do you authorize Jackson Country Kennel to utilize photos taken during Pet's stay to be posted on Social Media platforms or our website? Yes  No

### Emergency Contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

1. **Payment for Services:**
  - a. You agree to pay Jackson Country Kennel for the services provided to your pet during each visit at the rates set forth at the start of each visit.
  - b. Charges begin on the day you leave your pet in our care and end on the day you check out.
  - c. **Returned Check Fee-** If you pay with a check that does not clear, you will be responsible for any fees associated with the returned check in addition to the balance due for services rendered.
  - d. **Check-out:** Check out time is noon each day. If you pick your pet(s) up after noon, you will be charged for that day. Ex. If you drop off Friday and pick up Sunday, you will be charged for Friday night, Saturday night, and Sunday since we only offer afternoon pickup.
2. **Cancellations:**
  - a. We understand that things happen and plans change, but please provide us with at least a 24-hour notice of cancellations.
3. **Pet Health and Behavior:**
  - a. We reserve the right to refuse to accept a pet at check-in if (a) the pet appears sick, (b) the pet appears injured or in pain, or (c) the pet's behavior could jeopardize the health or safety of other pets or our staff.
  - b. We require pets to be up to date on their vaccines.
    - i. **Dogs:** Rabies, Canine Distemper, H3N2 Flu vaccine, and Bordetella
      1. We require a Bordetella vaccination every twelve (12) months. The Bordetella vaccine **is not 100% effective**. It is recommended that it be given to your dog at least three (three) days prior to Pet's arrival date to increase efficacy. Kennel makes no guarantees in regards to the Bordetella vaccine.
    - ii. **Cats:** Rabies and FVRCP
  - c. All pets are checked for external parasites (fleas/ticks) upon entry to the facility. If any external parasites are found, they will be treated accordingly and Owner will be responsible for those expenses.
4. **Miscellaneous:**
  - a. Jackson Country Kennel shall exercise reasonable care for Pet delivered by Owner to Kennel for boarding. It is expressly agreed by Owner and Jackson Country Kennel that Kennel's liability shall in no event exceed fair market value for the Pet boarded.
5. **Emergencies**
  - a. If Pet becomes ill or if Pet's behavior is endangering itself, humans, or other animals, Jackson Country Kennel, in its sole discretion, may engage the services of a veterinarian. All attempts will be made to contact the Owner of the Pet first; however, in the event of an extreme emergency, the well being of the Pet comes first.
  - b. Owner also gives full authority for the treating veterinarian and their associates to discuss with Jackson Country Kennel any aspect of any illness or injury that the Kennel has presented for treatment.

**In the event of a medical emergency, I authorize Jackson Country Kennel to provide my pet with necessary diagnostics and treatment at my sole expense.**

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing this Agreement and leaving Pet with Jackson Country Kennel, Owner certifies to the accuracy of all information given about Pet to the best of their knowledge. Owner specifically represents that he or she is the sole owner of Pet.

By signing this Agreement, Owner indicates that he or she has read and accepted all policies listed in this agreement.

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1. **We ask that you bring your pet's food in a sealed, air-tight container or zip-lock baggies.**
2. **You can bring your own bedding and toys; however, we can provide these. Please label everything you bring so that we can make sure it makes it home.**
3. **If your pet is on any medication, we ask that you bring the medication in the original container prescribed by the veterinarian. Supplements do not need to be in a prescribed bottle. We will allow pre-sorted medication and pill boxes, however, they will need to be accompanied by the prescribed administering instructions (i.e. pill bottle).**