

# KLONDIKE KENNELS

Owner's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

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

CANINE

FELINE

MALE

FEMALE

NEUTERED

SPAYED

## PET CARE AGREEMENT

This is an Agreement between Klondike Kennels and the pet owner whose signature appears below (hereinafter called "Owner")

1. Owner agrees to pay the rate for pet care provided in effect on the date pet is checked into Klondike Kennels.
2. Owner further agrees to pay all costs and charges for special services requested, and all veterinary costs for the pet during the period said pet is in the care of Klondike Kennels.
3. By signing this Agreement and leaving pet with Klondike Kennels, Owner certifies to the accuracy of all information given about said pet. Klondike Kennels reserves the right to deny admittance to Owner's pet for any reason at any time.
4. Owner specifically represents that he or she is the sole owner of the pet, free and clear of all liens and encumbrances.
5. Owner specifically represents to Klondike Kennels that, to Owner's knowledge, the pet has not been exposed to any contagious diseases within a thirty-day period prior to check-in. During the period of this Agreement, Owner also agrees to notify Klondike Kennels of any known exposure of pet to a communicable disease and hold pet out of attending Klondike Kennels until pet is symptom-free for a minimum of 10 days or with written veterinary clearance. Owner further agrees to maintain currency of vaccinations as required by Klondike Kennels policy.
6. Owner further agrees to be financially responsible for any required treatment for fleas/ticks, if determined necessary by the pet care provider.
7. All charges incurred by Owner shall be payable upon pick-up of pet. The Owner hereby agrees that in the event the charges are not paid when due in accordance with this contract, Owner must remit full payment within ten days. If full payment is not made within ten days the account will be turned over to creditors for collection.
8. If pet becomes ill or injured, or if the state of the animal's health otherwise requires professional attention, Klondike Kennels, in its sole discretion, may engage the services of a veterinarian or administer medicine or give other requisite attention to the animal, and the expenses thereof shall be paid by the Owner.
9. This Agreement shall stand and be kept on file by Klondike Kennels for the period of one year. At the end of that one year this Agreement shall become void and a new Agreement must be signed.

Signatures:

Owner \_\_\_\_\_ Date \_\_\_\_\_

Business Rep. \_\_\_\_\_ Date \_\_\_\_\_