

Klondike Kennels

Client: _____
Pet: _____

Additional Pet: _____

Additional Pet: _____

Pet Care Agreement

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

Owner agrees to pay the rate for pet care provided in effect on the date pet is checked into Klondike Kennels.

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.

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.

Owner specifically represents that he or she is the sole owner of the pet, free and clear of all liens and encumbrances.

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.

Owner further agrees to be financially responsible for any required treatment for fleas/ticks, if determined necessary by the pet care provider.

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.

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.

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.

Signature _____ Date _____

TURN OVER →

Klondike Kennels

Client: _____ Phone #: _____

Email: _____

Pet(s): _____ Vet Clinic: _____

Emergency Contact #1: _____ Phone #: _____

Emergency Contact #2: _____ Phone #: _____

Major Health Problem(s): _____

Allergies: _____

Medication(s): _____

Emergency Medical Treatment Release

I give my consent for the doctors and staff at Blair Animal Clinic, and/or the Purdue Animal Emergency Service, to stabilize my animal(s) in the case of an emergency. I understand that in event of an emergency Klondike Kennel staff will attempt to contact me at the number(s) provided above. I am stating that I will pay all fees incurred for that stabilization, knowing that the Doctors on duty and/or Klondike Kennel staff will, to the best of their ability, attempt to reach me at the above number(s) for any further treatments, or reach my own Veterinarian for further medical care.

Signature _____ Date _____

If the Emergency is critical enough to refer the pet to Purdue University for intensive care, I give my consent for Klondike Kennel staff or Blair Animal Clinic staff to transport my animal to Purdue University for further treatment. I am stating that I will pay all fees incurred for that treatment, knowing that the Blair Animal Clinic Doctors on duty and/or Klondike Kennel staff will, to the best of their ability, attempt to reach me at the above number(s). I understand that treatment for Bloat will have to be done at Purdue University and that the cost of treatment can reach the amount of three thousand dollars.

Signature _____ Date _____

_____ **OR** _____

I decline any and all Emergency Medical Treatment. In event of an emergency, please contact me first. I understand that my pet will not receive any medical treatment, resuscitation, or stabilization until I am able to be contacted by Klondike Kennel or Blair Animal Clinic staff. I understand that signing below voids any signatures for either of the above statements.

Signature _____ Date _____

Client: _____
Pet: _____
Color: _____
Breed: _____
Age: _____ **Sex:** _____
Client Email: _____

Emergency Contact(s) w/ Name & Number
(Can be your personal cell phone if you will have it on you during your trip)

Please describe everything as specifically as possible. (Ex: Green and pink polka dot collar)

Collar & Leash: _____

Crate: _____

Bedding: _____

Toy(s): _____

Food & Treats: _____

Feeding Instructions (amount): AM _____

NOON _____

PM _____

Medication(s):	Dosage	AM	NOON	PM
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Additional Service(s):

All listed prices are on a per session basis while grooming and bathing vary based on breed and size.

- Vet Appointment
- Grooming
- Massage
- Kennel Bath w/ Nail Trim
- Nail Trim
- Stay & Play
- Stress-less Stay pkg

When would you like these services to be offered to your pet? _____

Does your pet have any behavioral or health issues the staff should be aware of while boarding?