Owner's Name:	
	City/State/Zip:
Cell Phone Number:	Email:
Emergency Contact:	
Name:	Number:
How did you hear about us?	
Do you authorize Jackson Country Ken Media platforms or our website?	nel to utilize photos taken during Pet's stay to be posted on SocialYesNo
Veterinarian:	Phone Number:
Address:	City/State/Zip:
Pet Name:	
Breed:	Color:
Weight (approx.):	Birthdate (approx.):
Male or Female:	Spayed or Neutered?
Pet Name:	
Breed:	Color:
Weight (approx.):	Birthdate (approx.):
Male or Female:	Spayed or Neutered?



JACKSON COUNTRY KENNEL

JACKSON, GEORGIA -

Pet Name:	
Breed:	Color:
Weight (approx.):	Birthdate (approx.):
Male or Female:	Spayed or Neutered?
Pet Name:	
Breed:	Color:
Weight (approx.):	Birthdate (approx.):
Male or Female:	Spayed or Neutered?
Pet Name:	
Breed:	Color:
Weight (approx.):	Birthdate (approx.):
Male or Female:	Spayed or Neutered?
Pet Name:	
Breed:	Color:
Weight (approx.):	Birthdate (approx.):
Male or Female	Spayed or Neutered?

2022 Boarding Contract

2. C	a. b. c. d. e. ancella a.	It for Services: 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. Charges begin on the day you leave your pet in our care and end on the day you check out. 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. 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. Credit Card Payments: A 3.5% convenience fee will added to all credit card transactions. ations: We understand that things happen and plans change, but please provide us with at least a 24-hour notice of cancellations. Ith and Behavior:
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3. P	et Hea	cancellations.
3. P		Ith and Rehavior:
	a.	111 111 11 11 11 11 11 11 11 11 11 11 1
		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. If your pet has never had a Bordetella vaccine or they are overdue by more than one (1
- 1		month, it MUST be given at least fourteen (14) days prior to boarding. If the Bordetella vaccine
		is overdue within the month, it must be given at least four (4) days prior to boarding. Kennel make
- 1		no guarantees in regards to the Bordetella vaccine. ii. Cats: Rabies and FVRCP
- 1	C.	If pet unfortunately gets sick while in our care, Jackson Country Kennel will not be liable for any financial
- 1	0.	responsibility. (i.e., Kennel Cough or Gastroenteritis)
1	d.	All pets are checked for external parasites (fleas/ticks) upon entry to the facility. If any external parasites are found,
	X.	they will be treated accordingly and Owner will be responsible for those expenses.
4. M		ineous:
	a.	Jackson Country Kennel shall exercise reasonable care for Pet delivered by Owner to Kennel for boarding. It expressly agreed by Owner and Jackson Country Kennel that Kennel's liability shall in no event exceed fair mark
		value for the Pet boarded.
5. E	merge	
		If Pet becomes ill or if Pet's behavior is endangering itself, humans, or other animals, Jackson Country Kennel, in i
		sole discretion, may engage the services of a veterinarian. All attempts will be made to contact the Owner of the P
		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 Kenn any aspect of any illness or injury that the Kennel has presented for treatment.
		any aspect of any limess of injury that the Kermer has presented for treatment.
	nt of o	medical emergency, I authorize Jackson Country Kennel to provide my pet(s) with necessary diagnostics an
		sole expense.
	at my	
ıer's S	Signatu	re: Date:
		greement and leaving Pet with Jackson Country Kennel, Owner certifies to the accuracy of all information given abo
o the b	best of	their knowledge. Owner specifically represents that he or she is the sole owner of Pet.

Owner's Signature: _____ Date: _____