

Owner's Name: _____

Address: _____ City/State/Zip: _____

Cell Phone Number: _____ Email: _____

Emergency Contact:

Name: _____ Number: _____

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

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.): _____

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Pet Name: _____

Breed: _____ Color: _____

Weight (approx.): _____ Birthdate (approx.): _____

Male or Female: _____ Spayed or Neutered? _____

Boarding Contract

Owner Name: _____

Pet(s) Name(s): _____

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.** Everyone pays for the day on Sunday (PM Checkout). 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.
- e. **Credit Card Payments:** A 3.5% convenience fee will added to all credit card transactions.

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, 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) 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 makes no guarantees in regards to the Bordetella vaccine.*
 - ii. **Cats:** Rabies and FVRCP
- c. If pet unfortunately gets sick while in our care, Jackson Country Kennel will not be liable for any financial responsibility. (i.e., Kennel Cough or Gastroenteritis)
- d. 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(s) 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: _____