S_{ugar} C_{reek} C_{anine} R_{anch}

Boarding Service Contract

Client & Dog Information

Cell Phone: Cmail: Dog's Name/ ID: Creed/Age/Sex: Chones: Chones: Chones: Chones:
Phones: Phones:
Phones: Phones:
Phones: Phones:
Phones: Phones: Phones:
Phones:
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hone:
Reason(s) for Meds:
Reason(s) for Meds:
gs with name written on bags for each meal.
55 with name written on bags for each mear.
Other treats okay? Yes No
ξ

S_{ugar} C_{reek} C_{anine} R_{anch}

Health Instructions

Medicine:	Amount:	Time:	Notes:				
Medicine:	Amount:	Time:	Notes:				
Additional Healt	th Care Notes:						
ehavioral Instructions Known Behavioral Issues:							
MIOWII DOLL.	di issues.						
Special Instruction	ions or Notes regardin	ıg Behavioral Issu	es:				
	ions or Notes regardin	es: 1 dog \$30/i 2 dogs \$50/ 3 dogs \$65/					
	Services and Rate	es: 1 dog \$30/i 2 dogs \$50/ 3 dogs \$65/	night night per room night per room night per room				

Pick Up & Drop Off Times are 8-10AM & 4-6PM BY APPOINTMENT ONLY ALL PAPERWORK INCLUDING SHOT RECORDS ARE DUE 24HRS IN ADVANCE

S_{ugar} C_{reek} C_{anine} R_{anch}

Liability Waiver & Policies

been told and underns with other dogs at ther, I am and will renify and hold harmly redamages caused by the told by (Sugar Cong but not limited to the Ranch) is not respected that the recomment product or services y medical care to be to be determined by able or that closer carelated to emergency the Canine Ranch oppropriate by (Sugar Creek Canine Ranch Congar Creek Canine Ranch	rstand the risks inherent in boased and potential exposure to disease emain responsible for the action ess (Sugar Creek Canine Ray the actions of my dog while ure creek Canine Ranch) and undo the risk of dog bites to myself consible for any unintentional endation of any other product or provided for my dog(s) by the any (Sugar Creek Canine Ranch) is are is required. I will reimbursely care. (h) to administer or seek 1st aid and cach) for all and any results there are Ranch) to administer or seek te by (Sugar Creek Canine Ranch) to administer or seek te by (Sugar Creek Canine Ranch) to administer or seek te by (Sugar Creek Canine Ranch) to administer or seek te by (Sugar Creek Canine Ranch)	arding my dog, including but the and parasites such as but the sof my dog at all times and anch) of any and all claims of the derstand the inherent risks or others. I recognize that the rrors, omissions, or incorrect service is not a guarantee of above-named veterinarian, of in the event the my regular to (Sugar Creek Canine) and resuscitative care for my I agree to indemnify and eof. Lek 1st aid and resuscitative Canch) and I agree to
eckout.		
ndable		
	ow in total and as approval for f	future services without
auon.		
Date	Staff Name & Title	Date
	been told and under ons with other dogs at ther, I am and will remity and hold harmly redamages caused by en told by (Sugar Cing but not limited to Ranch) is not respected that the recomment product or service y medical care to be to be determined by able or that closer carelated to emergence the Canine Ranch oppopriate by (Sugar Creek Canine Ranch other canine appropriate miless (Sugar Creek Canine Ranch other canine	ndable by the signatures below in total and as approval for fraction.