

Sugar Creek Canine Ranch

Boarding Service Contract

Client & Dog Information

Guardian's Name:	Guardian's Name:
Cell Phone:	Cell Phone:
Home Phone:	Email:
Address:	
Dog's Name/ ID:	Dog's Name/ ID:
Breed/Age/Sex:	Breed/Age/Sex:

Emergency Information

Emergency Contact:	Phones:
Alternate Emergency Contact:	Phones:
Vet Office/ Vet's Name:	Phone:
Vet Address:	
Current Medications:	Reason(s) for Meds:
Important Medical History Notes:	

Feeding Instructions

All food must be prepackaged in Zip-Loc bags with name written on bags for each meal. NO Raw diets are allowed.	
Dog's Regular Treats:	Other treats okay? Yes No
Treat/ Dietary Restrictions:	

(con't.)

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Health Instructions

Medicine:	Amount:	Time:	Notes:
Medicine:	Amount:	Time:	Notes:
Additional Health Care Notes:			

Behavioral Instructions

Known Behavioral Issues:
Special Instructions or Notes regarding Behavioral Issues:

Description of Services and Rates: 1 dog \$30/night
2 dogs \$50/night per room
3 dogs \$65/night per room
4 dogs \$75/night per room

Arrival date & time:	Departure date & time:	
Number of resulting days:	x Rate:	Total Due:

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

(con't.)

Sugar Creek Canine Ranch

Liability Waiver & Policies

1. **(Sugar Creek Canine Ranch)** will endeavor to offer only sound, safe, and responsible care for my dog(s). However, I have been told and understand the risks inherent in boarding my dog, including but not limited to interactions with other dogs and potential exposure to disease and parasites such as but not limited to fleas. Further, I am and will remain responsible for the actions of my dog at all times and I hereby agree to indemnify and hold harmless **(Sugar Creek Canine Ranch)** of any and all claims of injury, expense, costs, or damages caused by the actions of my dog while under **(Sugar Creek Canine Ranch)** care. I have been told by **(Sugar Creek Canine Ranch)** and understand the inherent risks of owning a dog, including but not limited to the risk of dog bites to myself or others. I recognize that **(Sugar Creek Canine Ranch)** is not responsible for any unintentional errors, omissions, or incorrect assertions. I understand that the recommendation of any other product or service is not a guarantee of my satisfaction with that product or service.

2. I authorize emergency medical care to be provided for my dog(s) by the above-named veterinarian, or an appropriate alternate to be determined by (Sugar Creek Canine Ranch) in the event the my regular veterinarian is not available or that closer care is required. I will reimburse (Sugar Creek Canine Ranch) for any charges related to emergency care.

I authorize **(Sugar Creek Canine Ranch)** to administer or seek 1st aid and resuscitative care for my dog(s) as determined appropriate by **(Sugar Creek Canine Ranch)** and I agree to indemnify and hold harmless **(Sugar Creek Canine Ranch)** for all and any results thereof.

I DO NOT authorize **(Sugar Creek Canine Ranch)** to administer or seek 1st aid and resuscitative care for my dog(s) as determined appropriate by **(Sugar Creek Canine Ranch)** and I agree to indemnify and hold harmless **(Sugar Creek Canine Ranch)** for all and any results thereof.

3. Payment Policy:

Full payment is due at checkout.

4. Cancellation Policy:

Deposits are non-refundable

This contract is validated by the signatures below in total and as approval for future services without additional written authorization.

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Dog Guardian

Date

Staff Name & Title

Date