

# PET CARE SERVICES AGREEMENT

## At check in:

\* **We will provide you with this agreement and you will be asked to sign and initial it.**

\* **You will be asked to complete the credit card information. You may not check in for boarding or day care services if we do not have a credit card number on file.**

I agree to pay for all services due by the date of check-out, or my pet/s will not be released from K9 Paradise Retreat. By signing this contract and leaving my pet with the K9 Paradise Retreat., I certify the accuracy of all information given about my pet/s. I represent that I am the sole owner or agent of the pet, free of all liens and encumbrances. I represent that to my knowledge, my pet does not have or has not been exposed to Rabies, Distemper, Parvo, Canine Influenza, Canine Cough (Bordatella) or any other communicable disease or parasite within a thirty day period prior to any service at the K9 Paradise Retreat.

I understand that if my pet becomes ill and requires professional medical attention and my personal veterinarian is not available or not local, The K9 Paradise Retreat in its sole discretion may engage the services of any local veterinarian of its choice. Any and all expenses will be paid by the pet owner. I authorize The K9 Paradise Retreat to contact my veterinarian in order to confirm and/or receive health and vaccination records. I agree to pay for all transportation fees associated with medical treatment.

I acknowledge and understand that every pet reacts differently and that animals, by nature, are unpredictable. If interactive group play with other pets is provided, the pet owner recognizes and accepts potential risks involved with such activity. Pets may and without warning, bite and cause injury to humans and other pets. I acknowledge and understand that there are certain risks involved when allowing dogs to socialize in groups, including but not limited to: dog fights, dog bites, cuts and abrasions and the transmission of disease. With my signature, I acknowledge and accept exclusive and sole responsibility, no matter the cause.

I agree that The K9 Paradise Retreat is not liable for stress related illness or injury that my pet may cause to him or herself, such as, but not limited to: lick sores, injury due to destructive behavior, consuming parts of the bedding, walls, harness, toys or chews that I provide. The K9 Paradise Retreat reserves the right to charge me for any damage to company property caused by my pet. The K9 Paradise Retreat is not responsible for lost or damaged toys or belongings brought into the facility. I understand that I am bringing in my pet's belongings at my own risk.

I agree to release The K9 Paradise Retreat and its agents and employees from any and all liabilities or claims due to injury to myself, my pet or any other property of mine, which may arise in any way out of services and/or products provided by or as a consequence of my association with The K9 Paradise Retreat.

I agree to release The K9 Paradise Retreat, its agents and employees from any liability or claim due to death of my pet, unless The K9 Paradise Retreat has been found negligent by a court of law in the care of my pet. I understand that under no circumstances will The K9 Paradise Retreat liability exceed the lesser of the current chattel value of a pet of the same breed or the sum of \$200.00 per animal.

This agreement does not expire and is enforceable for all services and boarding stays.

---

CUSTOMER SIGNATURE

---

PRINT NAME

\_\_\_\_\_ I have received the informational brochure about Canine Cough. Infectious Tracheobronchitis (Canine Cough) and Canine Influenza are highly contagious airborne pathogens. Dogs can contract airborne illnesses wherever dogs congregate. Airborne illnesses typically enter a pet care facility through a pet that is incubating and not showing symptoms of illness. For maximum protection your dog should be current on vaccinations at least 2 weeks prior to boarding, day care or grooming services.

No amount of sanitation can prevent a dog from “catching” an airborne bacteria or virus. Puppies, geriatric pets, dog that have never boarded before and dogs that are prone to stress are at a higher risk of contracting an airborne cold or flu. Although the Bordetella vaccine is available, there are many strains that it does not cover.

Parents do not expect schools to pay for medical bills when their child catches a cold or flu; likewise, The K9 Paradise Retreat is not responsible for any medical treatment costs incurred due to a communicable disease, particularly airborne diseases, which are not 100% preventable despite vaccination.

\_\_\_\_\_ It is required that your pet be on a flea and tick preventative, and a Heartworm/ Hookworm preventative to be admitted into our facility for any service. Our facility is on a monthly flea and tick extermination program, and we perform a detailed flea and tick inspection of each pet at check in and check out. The Green K9 is not responsible for flea or tick problems after the pet has exited our facility. It is the customers responsibility to thoroughly inspect their pet prior to checking out.

\_\_\_\_\_ In case of non-life threatening minor injuries, stress or allergy related symptoms that may occur while your pet is boarding, such as: stomach upset, vomiting, loss of appetite, lick sores, hot spots, minor cuts and scratches during group play with other dogs, I give The K9 Paradise Retreat permission to administer or apply any of the following over the counter remedies to my dog if necessary: Pepto Bismol, Benedryl, Pepcid AC, triple antibiotic cream, Zymox enzyme spray with hydrocortisone, natural calming treats, Bitter Yuck Spray and chicken and rice.

**You may list other remedies for us to use or not use:**

---

**IN CASE YOU ARE UNABLE TO BE REACHED:**

**A credit card number is required on file for medical emergencies only.**

Payment for services must be received at the time of check-out. We accept the following forms of payment: Visa, MasterCard, Discover, Debit cards, Checks and Cash. Returned checks will be charged additional fee of \$25.00. The full amount must be paid in cash or cashier's check.

**Name of cardholder:** \_\_\_\_\_

**Circle one:**            Visa                    MasterCard                    Discover

**Credit card#** \_\_\_\_\_ **exp. date:** \_\_\_\_\_

**I have read, understand, and agree to the “Requirements and Policies” form for all Pet Care Services.**

**If I am unable to be reached, I authorize the treating veterinarian to charge my credit or debit card for necessary medical services. I authorize K9 Paradise Retreat to charge my credit or debit card for payment due for services rendered at K9 Paradise Retreat.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_