The Dog Spot LLL Effective 1/1/2022 KENNEL CONTRACT

2939 Flatlick Rd Info@thedogspotky.com

Mt Washington, Ky 40047 (502)538-PETS(7387)

OWNER INFORMATION

|  |  |
| --- | --- |
| Name: | Cell #1: |
| Address: | Cell#2: |
| City, State, Zip: | Emergency # and Name: |
| E-mail Address: |  |

PET INFORMATION

|  |  |  |
| --- | --- | --- |
| Dog 1: | Dog 2: | Dog 3: |
| Breed: | Breed: | Breed: |
| Sex: F / M Spayed/Neutered | Sex: F / M Spayed/Neutered | Sex: F / M Spayed/Neutered |
| DOB: | DOB: | DOB: |
| Color: | Color: | Color: |
| Weight: | Weight: | Weight: |

The following is a contract between The Dog Spot LLC and the pet owner whose name and signature appears below. Please read and initial next to the following statements:

\_ I represent my dog(s) as being in good health, currently vaccinated, and free from any communicable diseases.

\_\_\_\_\_\_\_ I represent that my dog(s) have never bitten or been aggressive towards any human.

\_ I have provided copies of current rabies and distemper vaccines or titers.

\_ I represent my dog(s) as non-aggressive or harmful to people. Any aggressive tendencies MUST be explained prior to service. I am responsible for informing The Dog Spot, LLC of any and all abnormal behaviors to be aware of, such as sensitive areas to the touch, food aggression, separation anxiety, etc. I agree to pay all costs for any property damage or personal injury caused by my pet during its stay.

\_ I allow The Dog Spot, LLC to take and post on line photos & videos of my pet(s) while boarding or attending daycare.

\_ I hereby grant permission to The Dog Spot, LLC to act on my behalf, and in my pet’s best interest, by obtaining veterinary care at my expense, if deemed necessary, for illness or injury. I further agree to pay for all veterinary and other necessary services incurred by and for my pet during its stay at this facility.

\_ The Dog Spot, LLC agrees to exercise all due and responsible care to prevent injury or illness to my pet. However, in the event of illness or injury, the kennel owner and employees of this boarding facility, shall not be held personally liable for such illness or injury.

\_ I agree to pay all charges on the day of pickup of my pet. I understand that my pet may not leave the premises until all charges are paid in full. The current rate for boarding is $29.68( per day/per dog/tax incl.) occupying one kennel and $54.06 tax incl. for 2 dogs, sharing the same kennel and $73.14 for 3 pets sharing. I understand that any pet(s) left for 10 days beyond the agreed date of pick-up, may be sold or disposed of at the discretion of the kennel owner.

\_ I am aware that my dog will let out to run in one of the fenced area’s on the premises and have been warned of the possibility of my pet escaping by either digging under or scaling over the fence. If I give my permission to let my dog out to run, I agree not to hold The Dog Spot, LLC responsible for my pet escaping. I understand that efforts will be made by The Dog Spot to retrieve my pet and the local authorities with be notified of the loose animal.

\_\_\_\_\_\_\_ I agree that I will make payment in full by either **cash or check**, when I pickup my pet.

\_\_\_\_\_\_\_ I agree to follow all current Covid Policies at The Dog Spot LLC.

\_ I hereby give my permission to allow my pet(s) to run outside at The Dog Spot, LLC.

\_\_\_\_\_\_\_ I understand that if my dog is not spayed/neutered at the time of boarding and is over 6 months old, it may not be outside with other boarding dogs.

\_ I certify that I am the legal owner of this pet(s) or have been given legal permission to oversee care.

# PET OWNER SIGNATURE: \_ DATE: \_ / \_/ 2022