

Old Town Retrievers
757-773-5181

P.O. Box 992
14438 Yeardeley Rd.
Eastville, VA 23347

Boarding Contract

Drop off date: _____ Estimated pick up date: _____

Client Information

Name: _____

Address _____

City: _____ State: _____ Zip: _____

Phone (home): _____ (work) _____ (cell) _____

Dog Information

Call Name: _____

Breed: _____ Male / Female D.O.B.: _____

Dog : Spayed / Nuetered ? _____

Does your dog get along with other dogs? Yes / No

When do you feed your dog? AM _____ PM _____ BOTH _____ How Much each meal? _____

Microchip or Tattoo? Yes / No

Medical history or pre-existing injury / illness: _____

Last given: Heartworm: _____ Flea / Tick _____

Emergency Information

Personal Vet. & Number: _____

Person to contact in case of emergency: _____

Number to call: _____

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Does your dog currently or have they in the last 2 weeks had any symptoms listed below?

Symptom:	Now	In the last 2 weeks
Coughing	_____	_____
Sneezing	_____	_____
Throwing up	_____	_____
Diarrhea	_____	_____
Excessive peeing	_____	_____
Excessive Water Drinking	_____	_____
Excessive Panting	_____	_____
Appetite Change	_____	_____
Change in Activity Level	_____	_____
Sores or Lumps on Skin	_____	_____
Shanking of the head	_____	_____

Has your dog ever been attacked by another dog? Yes _____ No _____

Has your dog ever attacked another dog? Yes _____ No _____

Has your dog ever bit a person? Yes _____ No _____

Emergency Veterinary Care:

In the event of an emergency, I give Old Town Retrievers permission to take my dog, _____, to Cape Charles Animal Hospital or any Emergency Vet needed for emergency treatment in the event of an emergency.

I, _____ understand that I am responsible for any and all medical expenses and will pay the vet or emergency vet when needed.

Signature

Date

- (A) VETERINARY CARE: Old Town Retrievers will, on routine basis, inspect dog(s) for injury or sickness. Proper veterinary care will be sought in the case that it is deemed necessary by Old Town Retrievers.

The client authorizes needed veterinary care by signing this contract. Client also agrees to reimburse all medical service and medicine fees. Payment of these fees will be due on pick up of dog(s).

The client is responsible to have all vaccinations (rabies/booster) shots current on their dog(s). The client must submit at time of drop off a copy of the dog(s) rabies vaccination. Old Town Retrievers also requires each dog be treated for kennel cough. The client will provide documented proof on the time the dog arrives at Old Town Retrievers.

The client must provide enough heartworm medication and flea/tick medication to last the dogs stay if needed. Old Town Retrievers will administer these medications on a schedule determined by the client. Old Town Retrievers can provide such medications at the expense of the client, and will be added to the monthly invoice.

- (B) HOLD HARMLESS: The client will hold Old Town Retrievers free and harmless from any and all claims, liability, damage, loss, or expense arising out of any injury to any person or to any persons property by the dog(s) named in this contract, while in the care, custody and control of Old Town Retrievers.
- (C) LIABILITY LIMITATIONS: Old Town Retrievers is in no way responsible for the cost of replacing dog(s) or for any damage of any kind, should dog(s) die, be stolen, escape, or become injured or become ill while in the care of Old Town Retrievers. Proper care will be given to each dog(s) during their stay at Old Town Retrievers.
- (D) SOLE AGREEMENT: This contract is the sole agreement between the client listed and Old Town Retrievers. Any prior agreements, promises, negotiations, or representations not expressed in this contract are no longer in force or effect.
- (E) The client is responsible for any damage done by their dog(s) during their stay to any of Old Town Retrievers property.

CLIENT AGREEMENT:

_____	_____
Client Signature	Date
_____	_____
Old Town Retrievers (Whitney Sayers) Signature	Date