Boarding Service Contract

Guardian's Name		Guardia	Guardian's Name			
Cell Phone:		Cell Phone:				
Email:		Email:				
Address:						
Client's trip location: Contact information for trip location						
Dog's Name/ ID:		Dog's Name/ ID:				
Breed/Age/Sex:		Breed/A	ge/Sex:			
Emergency Information						
Emergency Contact:		Phone/Email:				
Alternate Emergency Contact:		Phone/Email:				
Vet Office/ Vet's Name:		Phone/Email:				
Vet Address:						
Directions to Vet's Office:						
Feeding Instructions						
Dog's Regular Food: Amount/ Times		of Day:	Additional Notes:			
Dog's Regular Treats:			Other treats, okay? Yes No			
Treat/ Dietary Restrictions:						
Health Instructions						
Current Medications:		Reason(s) for Meds:				
Medicine:		Amount:				

Tammie's Dog Services & Training LLC Office: 219-841-9100

Medicine:		Amount:				
Exercise Frequency:						
Behavioral Instructions						
Known Behavioral Issues:	Known Behavioral Issues:					
Known Bite History:						
Created Instructions or Notes rea	ordin o F					
Special Instructions or Notes rega	arding E	senavioral i	ssues.			
Description of Services						
Arrival date & time:	Depart Depart	ure date &	time:			
Mon-Fri drops off and pick up as early	Saturday or Sunday only by appointment					
as 6am-5pm: Full charge is from 12p-	If dropped or picked by before 12pm you're charged half rate. If					
12p-24 hour. Half Rate if picked by	picked up after 12pm your charge is full rate.					
12pm last day of stay.						
Number of resulting days:	Examp	le rate:	A NON-REFUNDABLE DEPOSIT			
	\$50/pe	er dav	REQUIRED Half of the cost-of-service			
		,	day of booking.			
			day of booking.			
Payment Information and Agreement						
Form of Payment: Cash Check Visa MasterCard Discover						
Payment Plan:						
1. I understand that by agreeing to a payment plan that I am responsible for timely making						
all payments as listed below, and that if any payments are not timely made, (Boarder's						
Name or Tammie's Dog Service & Training LLC) is not obligated to provide further						
services. Any Deposit payments f	for boar	ding that is	canceled are non-refundable			
Initial:						

Liability Waiver & Policies

1. (Boarder's Name or Tammie's Dog Service & Training LLC) 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. I represent and warrant that I have provided (Boarder's Name or Tammie's Dog Service & Training LLC) with full and complete, accurate information regarding any bite history and similar incidents or hazardous tendencies of my dog, and that I will update that information if it changes. Further, I am and will remain responsible for the actions of my dog at all times and I hereby agree to indemnify, release, and hold harmless (Boarder's Name or Tammie's Dog Service & Training LLC) of any and all claims, whether made by myself or any third party, of injury, expense, costs, or damages caused by the actions of my dog while under (Boarder's Name or Tammie's Dog Service & Training LLC) care. I have been told by (Boarder's Name or Tammie's Dog Service & Training LLC) and understand the inherent risks of owning a dog, including but not limited to the risk of dog bites to others or myself. I recognize that (Boarder's Name or Tammie's Dog Service & Training LLC) 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. This contract, together with language expressly incorporated into it in writing, is the full and complete agreement between myself and (Trainer's Name or Tammie's Dog Service & Training LLC). A complete and accurate copy of this contract is as valid as the original. This contract is made valid by in-person signatures, electronically signed signatures, or upon receipt of a signed, scanned copy by email.

Initial:

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 (Boarder's Name or Tammie's Dog Service & Training LLC) in the event that my regular veterinarian is not available or that closer care is required. I will immediately reimburse (Boarder's Name or Tammie's Dog Service & Training LLC) for any charges related to emergency care.

I authorize (Boarder's Name or Tammie's Dog Service & Training LLC) to administer or seek 1st aid and resuscitative care for my dog(s) as determined appropriate by (Boarder's Name or Tammie's Dog Service & Training LLC) and I agree to indemnify, release, and hold harmless (Boarder's Name or Tammie's Dog Service & Training LLC) for all and any results thereof.

Initial:

□ I DO NOT authorize (Boarder's Name Tammie's Dog Service & Training LLC) to administer or seek 1st aid and resuscitative care for my dog(s) as determined appropriate by (Boarder's Name or Tammie's Dog Service & Training LLC) and I agree to indemnify, release, and hold harmless (Boarder's Name or Tammie's Dog Service &

Tammie's Dog Services & Training LLC Office: 219-841-9100

Training Initial:	LLC)	for	all	and	any	results	thereof.
3. Payment Po	, <u> </u>					<mark>ABLE</mark> / FULL R	EMAINING
BALANCE IS I	REQUIREL	DAT TIME (OF DRO	P OFF OR E	BEFORE.		
4. Cancellation	n Policy:	DEPOS	SIT IS NO	ON-REFUNL	DABLE		
Must be notified with-in 24hrs if a full cancellation occurs.							
Initial:							
This contract is validated by the signatures below in total and as approval for future services without additional							

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

Guardian's Name (& pronouns):	Date	Boarder & Title	Date	