

## BOARDING CONTRACT

**Date in:** \_\_\_\_\_ **Date out:** \_\_\_\_\_

Name of Owner \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Emergency phone number (s): \_\_\_\_\_

Name of Dog \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

Vaccination dates: Rabies \_\_\_\_\_ Parvo/Dist \_\_\_\_\_ Bordetella: \_\_\_\_\_

Vet Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Name & Phone No. of someone who knows the dog: \_\_\_\_\_

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Any behavioral issues we need to be aware of? \_\_\_\_\_

\_\_\_\_\_

Friendly with other dogs? \_\_\_\_\_ Strangers? \_\_\_\_\_ Ever bitten anyone? \_\_\_\_\_

Likes/Dislikes \_\_\_\_\_

Good on leash? \_\_\_\_\_ Climbs fences? \_\_\_\_\_ Comes when called? \_\_\_\_\_

.....

Meal time (how much, how often?) \_\_\_\_\_

Special diets: \_\_\_\_\_

Describe any food not agreeable to dog: \_\_\_\_\_

Medications & dosages: \_\_\_\_\_

Items brought with pet \_\_\_\_\_

.....

Additional Information:

# OWNER AGREEMENT

I certify that my dog(s) is/are in good health and has/have not been ill with any communicable conditions in the last 30 days.

I agree to be solely responsible for any and all acts or behavior of my dog(s) while it is in the care of the NCCR.

I understand that if my dog becomes seriously ill, I will be notified at once, if possible. If I am not able to be reached, NCCR has my permission to seek medical care and I agree to promptly pay the Veterinarian bill.

I understand that my dog (s) will be fed properly and regularly and that NCCR shall exercise due and reasonable care providing a fun, clean and safe environment for my dog.

**All charges due for boarding, medicines or veterinary services must be paid at the time the dog is picked up at NCCR. If the dog is not called for within fourteen days after time for the return of dog, the dog will become available for adoption through Northern Chautauqua Canine Rescue, Inc. Notice of such action will be mailed by certified mail to the owner of the dog at the address given hereon, not less than ten days before the date of the dog being put up for adoption and no further notice shall be deemed necessary. Owner shall still remain liable for all boarding fees and any veterinary care provided.**

*I hereby agree to the foregoing as owner of the dog:*

\_\_\_\_\_  
Owner of the dog

\_\_\_\_\_  
Agent of Northern Chautauqua Canine  
Rescue, Inc.

*Some pets (especially older pets) when boarded suffer a great deal of stress, because of removal from their home environment. This stress can cause latent physical conditions (such as heart, liver and kidney disorders) to become active. This can result in illness or death of your pet.*

The undersigned has read and understands the above, and as owner or agent for the pet described herein, agrees not to hold Northern Chautauqua Canine Rescue responsible for the illness or death of their pet or for any expenses incurred because of the illness or death of the pet described herein.

Date: \_\_\_\_\_

Pet Owner \_\_\_\_\_