

**KLONDIKE KENNELS, INC.**  
**3664 N 250 W**  
**WEST LAFAYETTE, IN 47906**  
**765-463-2611**

**BOARDING AGREEMENT:**

The undersigned hereby requests that their pet be allowed to board at Klondike Kennels. Prior to drop off the undersigned shall disclose to staff all information about their pet(s) health and temperament, including any incident of aggression. Any change in health or temperament or incident occurrence shall be disclosed in writing to Klondike Kennels staff prior to future visits.

It is understood and agreed that the undersigned's pet will be assessed by the staff for compatibility and compliance at every boarding visit, with Klondike Kennels reserving the right to terminate this agreement based on such assessment findings. Klondike Kennel reserves the right to request a trial day board at our discretion at any time during active or inactive periods of boarding in determining continued compatibility with boarding and owner agrees to pay any fees incurred for such assessment.

Klondike Kennels reserves the right to deny the undersigned for any reason, and to terminate this agreement of the undersigned and/or pet(s) from the facility for any reason. In the event this agreement is terminated no refunds will be made.

**RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK - Read carefully to ensure full understanding before accepting.**

The undersigned understands that attendance in a boarding stay means that the undersigned is taking certain risks of damage or injury or exposure to health risks, including infectious disease to the undersigned's pet. The undersigned realizes that when pets are together in a confined area, some accident, injury or sickness may result, and that pets and property might be injured or damaged.

Because the undersigned wants to board his/her pet, the undersigned hereby agrees to assume any and all risks, whether known or unknown and assumes full responsibility for any injury or illness to the undersigned's pet.

In exchange for the opportunity to board, the undersigned hereby releases and discharges Blair Animal Clinic, P.C., Klondike Kennels, Inc., and their officers and employees, directors, property landlord or appointees or representative from any and all liability, claims, demands, causes of action, loss, damage, injury or illness to the undersigned's pet, including any death and/or serious injury which may result while the undersigned's pet are on the Klondike Kennels premises. The undersigned swears or affirms that they are 18 years old or older and have the legal capacity to enter into a binding contract. The undersigned intends for this release to be binding upon his/her heirs, beneficiaries, next of kin, personal representative or executor, and assignees.

Addendum:

Due the increased availability of boarding, daycare and dog park facilities in our community and other pet events where dogs can have direct contact with one another, there is increased risk of exposure to illness, including canine infectious respiratory disease complex. These viruses (similar to a cold in humans) are something we cannot vaccinate for. We want to make all of our patrons aware that risk of exposure is increased when dogs participate in any activities where groups of dogs have contact with one another. In an effort to stave off the spread of respiratory illness to other facilities we ask that you list other facilities your dog frequents in the event we need to reach out to as a way to prevent the spread of respiratory illness between different facilities.

\_\_\_\_\_

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed: \_\_\_\_\_

# Klondike Kennels

<b>Client:</b> _____
<b>Pet:</b> _____

<b>Additional Pet:</b> _____
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<b>Additional Pet:</b> _____
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## Pet Care Agreement

This is an agreement between Klondike Kennels and the pet owner whose signature appears below (hereinafter called "Owner")

Owner agrees to pay the rate for pet care provided in effect on the date pet is checked into Klondike Kennels.

Owner further agrees to pay all costs and charges for special services requested, and all veterinary costs for the pet during the period said pet is in the care of Klondike Kennels.

By signing this agreement and leaving pet with Klondike Kennels, Owner certifies to the accuracy of all information given about said pet. Klondike Kennels reserves the right to deny admittance to Owner's pet for any reason at any time.

Owner specifically represents that he or she is the sole owner of the pet, free and clear of all liens and encumbrances.

Owner specifically represents to Klondike Kennels that, to Owner's knowledge, the pet has not been exposed to any contagious diseases within a thirty-day period prior to check-in. During the period of this agreement, Owner also agrees to notify Klondike Kennels of any known exposure of pet to a communicable disease and hold pet out of attending Klondike Kennels until pet is symptom-free for a minimum of 10 days or with written veterinary clearance. Owner further agrees to maintain currency of vaccinations as required by Klondike Kennels policy.

Owner further agrees to be financially responsible for any required treatment for fleas/ticks, if determined necessary by the pet care provider.

All charges incurred by Owner shall be payable upon pick-up of pet. The Owner hereby agrees that in the event the charges are not paid when due in accordance with this contract, Owner must remit full payment within ten days. If full payment is not made within ten days the account will be turned over to creditors for collection.

If pet becomes ill or injured, or if the state of the animal's health otherwise requires professional attention, Klondike Kennels, in its sole discretion, may engage the services of a veterinarian or administer medicine or give other requisite attention to the animal, and the expenses thereof shall be paid by the Owner.

This agreement shall stand and be kept on file by Klondike Kennels for the period of one year. At the end of that one year this agreement shall become void and a new agreement must be signed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Klondike Kennels

Client: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Pet(s): \_\_\_\_\_ Vet Clinic: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone #: \_\_\_\_\_

Major Health Problem(s): \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication(s): \_\_\_\_\_

### Emergency Medical Treatment Release

I give my consent for the doctors and staff at Blair Animal Clinic, and/or the Purdue Animal Emergency Service, to stabilize my animal(s) in the case of an emergency. I understand that in event of an emergency Klondike Kennel staff will attempt to contact me at the number(s) provided above. I am stating that I will pay all fees incurred for that stabilization, knowing that the Doctors on duty and/or Klondike Kennel staff will, to the best of their ability, attempt to reach me at the above number(s) for any further treatments, or reach my own Veterinarian for further medical care.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If the Emergency is critical enough to refer the pet to Purdue University for intensive care, I give my consent for Klondike Kennel staff or Blair Animal Clinic staff to transport my animal to Purdue University for further treatment. I am stating that I will pay all fees incurred for that treatment, knowing that the Blair Animal Clinic Doctors on duty and/or Klondike Kennel staff will, to the best of their ability, attempt to reach me at the above number(s). I understand that treatment for Bloat will have to be done at Purdue University and that the cost of treatment can reach the amount of three thousand dollars.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ **OR** \_\_\_\_\_

I decline any and all Emergency Medical Treatment. In event of an emergency, please contact me first. I understand that my pet will not receive any medical treatment, resuscitation, or stabilization until I am able to be contacted by Klondike Kennel or Blair Animal Clinic staff. I understand that signing below voids any signatures for either of the above statements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Pet Care Record

Client: _____
Pet: _____
Color: _____
Breed: _____
Age: _____ Sex: _____
Client Email: _____

Emergency Contact(s) w/ Name & Number  
*(Can be your personal cell phone if you will have it on you during your trip)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please describe everything as specifically as possible. (Ex: Green and pink polka dot collar)*

Collar & Leash: \_\_\_\_\_

Bedding: \_\_\_\_\_

Toy(s): \_\_\_\_\_

Food & Treats: \_\_\_\_\_

Feeding Instructions (amount): AM \_\_\_\_\_

NOON \_\_\_\_\_

PM \_\_\_\_\_

Any health problems the staff should be aware of while boarding? \_\_\_\_\_

Medication(s):	Reason:	Dosage	AM	NOON	PM
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### Additional Service(s):

- Vet Appointment       Kennel Bath w/ Nail Trim       Nail Trim  
 Stay & Play       Daycare       Stress-less Stay pkg

When would you like these services to be offered to your pet? \_\_\_\_\_

### Do not give:

- Blankets       Toys       Food/Treats: \_\_\_\_\_

Does your pet have any food/environmental allergies? \_\_\_\_\_

\_\_\_\_\_