Country Bark Boarding Client Agreement

By signing below, I understand, acknowledge, and agree to each of the following:

* I understand that I am responsible for payment on all services rendered at Country Bark Boarding.
* I understand that it is my responsibility to make sure that my dog is properly vaccinated, and in good health. I also understand that even though all dogs are properly vaccinated a medical situation could arise due to the communal group of dogs and I will be responsible for any and all medical costs associated with my dog if such a situation arises. Country Bark Boarding reserves the right to refuse admittance to any pet that shows signs of illness or aggression or does not meet vaccine requirements.
* I understand that female pets must be spayed or not currently in the heat cycle during their time of stay. If your female pet comes into heat during their stay with us, you are required to make arrangements for pick up of said pet and you will not be reimbursed for reserved kennel.
* I understand that even though all pets are closely monitored, there is always an element of risk involved, including scrapes, bruises, and cuts, which are common due to the active nature of dog play. More serious injuries cannot be predicted. I hereby give permission for Country Bark Boarding employees or a veterinarian to administer treatment to my dog in the event an injury or condition is deemed serious enough to warrant such treatment. I understand that Country Bark Boarding owner/employee will do his/her best to contact me first before treatment is administered.
* I will not hold Country Bark Boarding, or employees responsible for any damage or loss incurred by my pet’s participation in the dog boarding provided by Country Bark Boarding and its employees, and will hold them harmless for any damage or loss so incurred.

Pets Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owners Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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