Bed N Biscuit Inn, LLC Kennel Contract

4158 County Road 59 info@bednbiscuitinn.net

Keenesburg Co 80643 (720) 336-5305

| Owner Information: |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Cell #1: |  |
| Address: |  | Cell #2: |  |
| City, State, Zip: |  | Emergency #1: |  |
| Email Address: |  | Emergency #2: |  |

| Pet Information |  |  |  |
| --- | --- | --- | --- |
| Dog 1: |  | Dog 2: |  |
| Breed: |  | Breed: |  |
| Sex F S/ M N |  | Sex F S/ M N |  |
| Age: |  | Age: |  |
| Color: |  | Color: |  |
| Weight: |  | Weight: |  |

**The following is a contract between BNB, LLC and the pet owner whose name and signature appears below. Please read and initial next to the following statements:**

\_\_\_\_\_\_\_ I represent my dog(s) as being in good health, currently vaccinated, and free from any communicable diseases.

\_\_\_\_\_\_\_ I have provided copies of current rabies, DAPP and Bordetella vaccines.

\_\_\_\_\_\_\_ I represent my dog(s) as non-aggressive or harmful to people. Any aggressive tendencies MUST be explained prior to service. I am responsible for informing BNB, LLC of any and all abnormal behaviors to be aware of, such as sensitive areas to the touch, food aggression, separation anxiety, etc. I agree to pay all costs for any property damage or personal injury caused by my pet during its stay.

\_\_\_\_\_\_\_ I allow BNB, LLC to take and post photos & videos of my pet(s) while boarding or attending daycare.

\_\_\_\_\_\_\_ I hereby grant permission to BNB, LLC to act on my behalf, and in my pet’s best interest, by obtaining veterinary care at my expense, if deemed necessary, for illness or injury. I further agree to pay for all veterinary and other necessary services incurred by and for my pet during it’s stay at this facility.

\_\_\_\_\_\_\_ BNB, LLC agrees to exercise all due and responsible care to prevent injury or illness to my pet. However, in the event of illness or injury, the kennel owner and employees of this boarding facility, shall not be held personally liable for such illness or injury.

\_\_\_\_\_\_\_ I agree to pay all charges on the day of pick up of my pet. I understand that my pet may not leave the premises until all charges are paid in full. The current rate for boarding is $37.00 per day/. I understand that any pet left for 10 days beyond the agreed date of pick-up, may be sold or disposed of at the discretion of the kennel owner. Multiple occupancy rates available upon request.

\_\_\_\_\_\_\_ I certify that I am the legal owner of this pet(s) or have been given legal permission to oversee care.

PET OWNER SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_/\_\_\_\_\_\_/ KENNEL REPRESENTATIVE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_/ \_\_\_\_\_/