



BOARDING CONTRACT

Proposed stay from: _____ to: _____

Belongings: _____

PLEASE LABEL ITEMS WITH OWNER'S NAME

Nalowinds Kennels - Phone: (808) 259-7349, Fax: (808) 259-0839, email: nalowinds@hawaii.rr.com

CLIENT/PET(S) INFORMATION

OWNER'S NAME: Last _____ First _____

PHONE: Home _____ Cell _____ Work _____

ADDRESS: Street _____ City _____ Zip _____

• PET NAME: _____ BREED: _____ DOB: _____ SEX: M F

Neutered/Spayed: Description: _____ Tattoo/Microchip #: _____

• PET NAME: _____ BREED: _____ DOB: _____ SEX: M F

Neutered/Spayed: Description: _____ Tattoo/Microchip #: _____

• PET NAME: _____ BREED: _____ DOB: _____ SEX: M F

Neutered/Spayed: Description: _____ Tattoo/Microchip #: _____

EMERGENCY INFORMATION

VETERINARIAN: _____ PHONE: _____

Have you notified your veterinarian that "Nalowinds Kennels" will be caring for your pet in your absence? YES NO

You should leave a written authorization with your vet in the event medical attention is required.

Owner agrees to pay all veterinarian costs and charges incurred by Nalowinds Kennels. Initial here: _____

DIET, MEDICATION AND PERSONAL PET DATA

• Pet's Name _____ Food? _____ Who will supply? _____

How much? _____ How often? _____ Treats OK? (Kind) _____

• Pet's Name _____ Food? _____ Who will supply? _____

How much? _____ How often? _____ Treats OK? (Kind) _____

• Pet's Name _____ Food? _____ Who will supply? _____

How much? _____ How often? _____ Treats OK? (Kind) _____

List any medical problems your pet(s) have (i.e., seizures, heart problems, impaired vision, hearing, etc.):

MEDICATIONS

Pet's Name _____ Condition _____ Type _____ Amount _____ How often _____

Pet's Name _____ Condition _____ Type _____ Amount _____ How often _____

Pet's Name _____ Condition _____ Type _____ Amount _____ How often _____

Flea control: Frontline Advantix Comfortis **Heartworm Prevention:** Sentinel Interceptor Heartgard

AUTHORIZED PICK UP AND DROP OFFS
Authorized person must have picture proof of identity.

Name: _____ Phone: _____

Name: _____ Phone: _____

RULES OF ACCEPTANCE

Owner understands that their pet(s) must have been vaccinated within the past 12 months for the following: distemper, hepatitis, parvovirus and bordetella. Leptospirosis is optional. All pet(s) must have had a negative heartworm test and stool check within the past 12 months, and be receiving heartworm preventative regularly. In addition, pet(s) must be free of any communicable diseases (i.e., respiratory infection, kennel cough), skin diseases (i.e., ringworm or mange), and ear problems (i.e., ear mites).

Upon entering the kennel, your pet(s) will be examined for external parasites. If fleas, ticks or ear mites are found, *the owner hereby authorizes Nalowinds Kennels to administer a bath, dip or other appropriate treatment and understands that an additional charge will be added to your bill.* Any pet(s) boarding for a period of 6 days or longer is entitled to a complimentary bath prior to leaving, assuming the pet(s) has(have) a temperament that allows us to do so.

In addition, it is required that your pet(s) be clean upon arrival (both withing 24 hours). *Please initial here* _____

AGREEMENT

We agree to provide your pet(s) with care and supervision to the best of our ability.

We reserve the right to contact the owner of his agent and terminate the stay of the pet(s) on our premises if we find the pet(s) to be hostile or if they create any unusual nuisance or disturbances. The owner or his agent will be required to remove the pet(s) from the premises within 48 hours. Failure to remove said pet(s) from the premises within this period permits us to place the pet(s) in a veterinary hospital where tranquilization or other measures can be taken. All costs shall be borne by the owner of the pet(s). Only that period of actual stay at our kennel shall be charged as per rates stated at the time of drop off.

Owner specifically represents that he/she is the sole owner of the pet(s), free and clear of all liens and encumbrances. All charges incurred shall be paid and cleared before pet(s) leaves Nalowinds Kennels, who is granted a lien on the pet(s) for any and all unpaid charges resulting from boarding pet(s). Nalowinds Kennels may exercise its lien rights upon three days written notice by Nalowinds Kennels to the owner by certified mail to the address shown on this contract. Nalowinds Kennels may dispose of pet(s) for any and all unpaid charges by its sole discretion. The owner specifically waives all statutory or legal rights to the contrary. Should pet(s) be sold for less than the deliquent boarding fees, owner shall be liable to the kennel for the difference. Furthermore, the owner shall be responsible for all attorneys' fees, collection fees, court costs and expenses as a result of this process.

Every reasonable care shall be exercised to prevent injury, illness, escape or death. Owner will completely absolve Nalowinds Kennels of any damage and responsiblity while pet(s) are in our care.

Boarding Rate shall be \$ _____ per day for _____ pets, includes playtime daily.

(ANY BOARDING FOR AN INDEFINITE OR EXTENDED TIME PERIOD MUST BE PAID AT LEAST ONE MONTH IN ADVANCE AND MONTHLY THEREAFTER)

Boarding charges are calculated per calendar day (*not nightly*) Initial here _____

We accept payment by check, cash, traveler's check or money order (*sorry, no credit cards or second-party checks*) Initial here _____

Before and after hours pick-up fee is \$25.00 Initial here _____

Returned checks will incur a \$20.00 fee Initial here _____

Pick-Up: Monday - Friday 7:00a.m. to 5:00p.m.; Saturday & Sunday 7:00a.m. to 12:00 noon

I have carefully read and agree to all terms and information contained within this contract.

Owner/Agent Signature _____

Date _____