Dog Boarding Contract

Ag	reement made on the (date),
between _	(Name of Owner)
of (street address	, city, county, state, zip) , referred to herein as <i>Owner</i> ,
and Vic's P	et Care of 0-65 Yerger Rd, Fair Lawn, NJ 07410, referred to herein as <i>Boarding Facility</i> .
Fo	r and in consideration of the mutual covenants contained in this agreement, and other good
and valuab	le consideration, the receipt and sufficiency of which is hereby acknowledged, the parties
agree as fo	llows:
1. Inf	ormation about Dog Owner
•	Phone
•	Emergency phone
2. Inf	ormation about Dog
•	Name of Dog
•	Breed
•	Sex
•	Age
•	Registration number
•	Neutered Yes □ No □
•	Name of veterinarian
•	Phone
•	Any medical issues or allergies Yes □ No □
•	If Yes please describe:
•	Needs any medication Yes No
•	If Yes please describe:

•	Are vaccinations and flea treatments up-to-date Yes No				
•	Can the dog be left alone and for how long				
•	Is your dog children friendly Yes □ No □ Dog friendly Yes □ No □				
•	Has the dog been bordered before $Yes \square No \square$				
•	Any signs of separation anxiety or stress when boarded Yes □ No □				
•	Describe daily routine (wake-up time, bed time, breakfast time, dinner time)				
Rat					
•	Boarding of one dog is \$70 for the period of 24 hours.				
	 Adding the second dog is \$30 for the same period. 				
	 Adding the third dog is \$25 for the same period. 				
•	Daytime rate for one dog is \$45 for the period not exceeding 12 hours.				
	 Adding the second dog is \$20 for the same period. 				
	 Adding the third dog is \$15 for the same period. 				
•	In-house Sitting				
	 Standard is \$80, includes three 45 minutes visits, walking, feeding, playing, and socializing. 				
	 Extended is \$125, includes one 45 minutes visit during the day and spending the night with the do in your house. 	ıg			
•	If service period falls on holiday or holiday weekend extra 25% will be added.				
•	If the dog has medical issues and requires special attention or medications extra 15% will be added.				
•	 Advanced payment in the amount of 50% has to be maid when dog is brought to Boarding Facility. 				
Loweth of Time to be Doowled					
Length of Time to be Boarded					
	Number of days, starting on (mm/dd/yyyy).				

3.

4.

	Owner agrees to pay the above mentioned rate.
	Owner's initials
5. О и	vner specifically covenants, warrants and represents the following:
•	He/she is the sole owner of said animal.
•	There is not now any lien against said animal.
•	The animal has not been exposed to distemper or rabies within the last thirty days, and the required annual license has been obtained.
Signatures:	
(Drieted ages)	Vic's Pet Care By: Victor Abkin
(Printed name)	(Printed name)
(Signature of Po	et Owner) Victor Abkin (Signature)
\- 3	1-0

Medical Treatment Authorization

Vic's Pet Care is the present pet care provider for my dog. I hereby authorize and voluntar	ily
onsent to having Vic's Pet Care arrange, direct, sign for and consent to any and all routine or	
mergency medical care and treatment necessary to preserve the health of my dog. Information i	s set
orth below.	
I, (Name of Pet Owner) acknowledge that he/she is	
esponsible for all reasonable charges in connection with the care and treatment rendered and	
cknowledge that no guarantees have been made as to the effect of such treatment rendered.	
Pet Information	-
Vic's Pet Care By: Victor Abkin (Printed name)	
Victor Abkin ignature of Pet Owner) (Signature)	