



BOARDING AND DAYCARE AGREEMENT

I certify that I am the owner of this pet.

I hereby grant permission to **CENTRAL BARK** to act in 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 its stay at **CENTRAL BARK**.

CENTRAL BARK agrees to exercise all due and reasonable care to prevent injury or illness to my pet. However, in the event of illness or injury, the owners and employees of **CENTRAL BARK** shall not be held personally liable for such injury or illness.

I agree to pay all costs for any property damage or personal injury caused by my pet during its stay. I agree to pay all charges on the day of pick-up of my pet and I understand that my pet may not leave the premises until all charges are paid in full. I understand that any animal left for ten days beyond the agreed date of pick-up may be sold or relocated at the discretion of the kennel owner.

Signed: _____ Date: _____

! Please complete this form and return to us by hand or email: centralbark@q.com

541.549 BARK (2275) • 367 Sisters Park Dr., Sisters, OR 97759 • Mailing Address: P.O. Box 402, Sisters, OR 97759 • **woofbark.com**

541.549 BARK (2275) • 367 Sisters Park Dr., Sisters, OR 97759 • Mailing Address: P.O. Box 402, Sisters, OR 97759 • **woofbark.com**

MARKINGS: _____

COLOR: _____

NAME: _____ M F SPAY/NEUT

BIRTHDATE: _____

BREED: _____

SIZE: _____

EMAIL: _____

CELL PHONE: _____

WORK PHONE: _____

HOME PHONE: _____

OWNER: FIRST: _____ LAST: _____

MAILING ADDRESS: _____

VET: PHONE: _____

PHONE: _____

EMERGENCY CONTACT: _____

VACCINATIONS - EXPIRATION DATE: _____

RABIES BORDATELLA DHLPP

SPECIAL INSTRUCTIONS / BELONGINGS:

Is there anything special we need to know about your dog?

DIET: 1X 2X PER DAY

MEDICATIONS: 1X 2X 3X PER DAY

GUEST INFO:



VITAL STATISTICS

