



## 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](mailto: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**

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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

