



Terms and Conditions

Terms: The terms of this contract shall be ongoing from the date of signature by both the clients and Cool Dog Training, Inc., unless notified by either party.

Pets Name: _____ breed _____ age ____

Fees: The fee for over night boarding services is _____. Earliest check in time is 7 a.m. Latest check out time is 6 p.m.

By appointment time only for Saturday & Sunday – please request a time & we will confirm.

Check-in **day:** _____ Check-in **time:** _____

Check-out **day:** _____ Check-in **time:** _____

- Requirements:
- 1.) All dogs must be spay or neutered if older than 6 months old.
 - 2.) A 75% non-refundable/non-credited deposit is required to hold a reservation. Please make the payment by cash at the time of boarding/training.
 - 3.) All dogs must be current on the below vaccinations. A copy of your last vet bill needs to be submitted at the time of boarding/training.

____ Rabies

____ Distemper/Parvo (DHPP)

____ Bordetella (required every 6 months – we can provide for add'l \$10)

What to bring: Leash or toys if any.

Feedings: The feeding schedule are as follows

Morning Food and Feeding Amount: Packed canine dry food. Amount as per size of dog and health.

Evening Feeding Amount: Home food as per client requirement. Amount as per size of dog and health.

Liability: **K9securities** and its staff are released from any and all liability from any claims for loss, injury or death that may be alleged to have been caused directly or indirectly to any person, pet or property while pets listed above are their care.

Emergency Care: **K9securities** will immediately try to contact the client should an emergency occur. If the client, or the alternative contact cannot be reached, **K9securities** has the authority to handle the situation in an appropriate manner. This may include transport to a veterinary hospital. **K9securities** will continue to try and contact the client. All vet and additional cares fees will be the client's financial responsibility. **K9securities** is authorized to make decisions in the event that the client cannot be located.

Veterinarian's Name & Phone No. _____

Contact Information

Name of Person Telephone Number

Alternate Contact Telephone Number

By signing this document, the client agrees to abide by the above conditions and authorizes emergency veterinary care and designates Cool Dog Training, Inc. as their authorized Agent/care giver.

Please mail or bring:

- 1.) This Form at the time of boarding/training.
- 2.) Vaccination records
- 3.) Deposit.

Thank you for your interest in **K9securities**. We will make every attempt to keep your pet dog happy and comfortable during their stay and/or training!

Client/Owner Signature and Date

K9securities
Mob: 09495424330
09495943396

Address: _____
