



Collinswood K-9 Services - Terri Collins

81 West Street
Auburn, MA 01501-1014
508-832-9394

Email: ck9@collinswoodk9.com
Website: www.collinswoodk9.com

Dog's name: _____ Breed: _____ Age: _____
M/F: _____ Spayed/Neutered _____ Color: _____ Vet: _____
Owner's Name : _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Phone: Home: _____ Work: _____ Cell: _____
Veterinarian _____ clinic phone: _____

This is a Contract between Collinswood K9 Services (Ck9) and the pet owner whose signature appears below (herein after called "Owner").

1. Owner agrees to pay the board rate in effect on the date pet is checked into Ck9
2. Owner agrees to pay all costs and charges for special services requested, including any veterinary costs incurred for the pet while in the care of Ck9
3. Owner agrees the pet shall not leave Ck9 until all charges have been paid by owner.
4. By signing this contract, Owner certifies to the accuracy of all information given. Current vaccination records will be provided at check in.
5. Ck9 reserves the right to determine whether any pet needs to be placed on Private Play (PP). **Owner shall be given a quote for the cost of PP and agrees to pay for any excess costs incurred for said Private Play (PP).**
6. Ck9 agrees to exercise due and reasonable care and to keep Ck9 sanitary and properly enclosed. The pet is to be fed properly and regularly, and to be housed in clean, safe quarters. **Due diligence having been exercised by Ck9,** the parties agree that all pets are boarded and/or otherwise handled and cared for by Ck9 without liability for loss or damage from disease, theft, fire, running away, injury or harm to persons, other dogs, or property by said dog, or other unavoidable causes or death.
7. **If in an emergency pet becomes ill or if the state of the pet's health otherwise requires professional attention, Ck9 shall attempt to contact Owner for authorization of veterinary services. If immediate attention is required then ck9 at its sole discretion may engage the services of a Veterinarian and/or administer medication. All costs of Veterinary services shall be paid by Owner.**
8. Owner certifies that the abovenamed dog is not known by owner to be vicious, has not been trained to attack, and has not shown any behavioral characteristics that would be likely to cause Ck9 personnel any harm or danger.
9. Owner & Ck9 agree that all provisions of this contract shall be binding upon both parties for initial visit and any subsequent visits. This contract contains the entire agreement between parties and all conditions of this contract shall be binding.
10. **I (Owner) authorize Ck9 to socialize my pet with other pets in a group setting. I understand the benefits as well as the inherent risks involved when pets are at play in open play areas, and I assume any liability for costs or treatment for injury to Ck9 personnel or to another dog is my dog is proven to be at fault (per video review).**

Circle one YES / NO (NO will incur PP rates)

Owner Signature: _____

Date: _____