



Kennel Club USA

12525 Jug St.

Johnstown, OH 43031

Tel: 740 967-8050 Fax: 740 967-1500

www.kennelclub-usa.com

Client Agreement and Release Form

Checkout time is 12:00 p.m. Mon.-Sat. & 5-7 pm on Sun.

All pets that visit Kennel Club USA must be current on all vaccinations and be treated for flea and ticks before entering the building. All owners must bring a record from their veterinarian indicating treatment dates and expiration dates of pet's vaccinations. If pet is not current on vaccinations it will be treated by a veterinarian at the owner's expense, including transport costs.

Owner: _____

Address: _____

Telephone: _____

Email: _____

Pet Name: _____

Breed: _____

Sex: (circle one) Male Female Male Neutered Female Spayed

Color: _____

Age: _____

Pet Name: _____

Breed: _____

Sex: (circle one) Male Female Male Neutered Female Spayed

Color: _____

Age: _____

Pet Name: _____

Breed: _____

Sex: (circle one) Male Female Male Neutered Female Spayed

Color: _____

Age: _____

Emergency Information

Emergency Contact(s):

— Name Phone

Veterinarian:

— Name Address Phone

Personality Description

Please Circle or Check All That Apply:

- Friendly
- Likes to play
- Good with kids
- Shy
- Nervous
- Well Behaved
- Gets along with other dogs
- Barks a lot
- Dog aggressive
- Listens well to commands
- People aggressive
- Sensitive to touch
- Possessive of food or toys
- Aggressive on leash

Health Concerns and Special Instructions

Does your pet have any health problems? Such as limping from a recent surgery or arthritis?

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Do you have any special feeding instructions for your pet?

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Release Of Liability

I understand and accept that Kennel Club USA can not guarantee the health of any animal. I demonstrate my good faith in Kennel Club USA and its staff by leaving my pet in their care. I understand and accept that unfortunate events can happen. I hold Kennel Club USA and its staff harmless for any and all conditions that can occur in pet care environments including, but not limited to; injuries, general illness, weight loss, kennel cough, viruses, upper respiratory infection, diarrhea, vomiting, escape or death of my pet.

In addition, I hereby agree to hold blameless Kennel Club USA, any person working for Kennel Club USA and any client of Kennel Club USA in the event any injury or illness occurs to my pet and in the event my pet causes injury to any persons or animals. I further agree to personally assume full responsibility and liability, including, but not limited to, financial responsibility and liability, in case such events do occur.

Should an incident occur regarding my pet's temperament or behavior that puts other persons or pets in danger, I agree that my pet can be confined to a kennel run at Kennel Club USA under care of the employees. Should any unforeseen injury or illness occur to my pet, I give permission for my pet to be taken to our veterinary clinic for which I agree to assume all costs including transportation. In the event my veterinarian is not available, I give permission for my pet to be taken to Medvet subject to the same agreement.

Signed: _____ Date: _____

Boarding Refund Policy

All reservations must be guaranteed by a major credit card. You are welcome to cancel your reservation for a full refund up to 48 hours prior to the date of arrival. Example: if your arrival date is Friday, cancellation must be received before the close of business on the prior Tuesday. Cancellation requests received after this deadline are non-refundable and you will be charged your entire reserved stay. Our checkout time is 12:00pm Monday-Saturday. There is no charge for the day of checkout providing you honor our checkout time. Our only checkout time on Sunday is 5:00pm-7:00pm. (Sunday check-outs are assessed a boarding fee for Sunday.)

Sign: _____ Date: _____