

# CRIMSON KENNELS BOARDING AGREEMENT

If we have kept your dog before and no information in Section 1 or 2 has changed, skip to Section 3.

Dog Name: \_\_\_\_\_

## Section 1

Dog's Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner Address, City, State, Zip: \_\_\_\_\_

Owner's Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Section 2

Proof of Vaccination Provided: \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_

Food Provided: \_\_\_\_\_ Food Type: \_\_\_\_\_

Feeding Instructions: \_\_\_\_\_

Allergies or Medical Conditions: \_\_\_\_\_ Medicine Provided: \_\_\_\_\_

Dosage Instructions: \_\_\_\_\_

## Section 3

Bath Requested before Pick up: \_\_\_\_\_ Bath Rate: \$20.00

List of Toys, Treats, etc Provided: \_\_\_\_\_

Climate Sensative: \_\_\_\_\_ Drop Off Date: \_\_\_\_\_

Expected Pickup Date: \_\_\_\_\_ Expected Pickup Time: \_\_\_\_\_

Actual Pickup Date: \_\_\_\_\_ Number of Nights: \_\_\_\_\_

Rate: \$15 per day Amount Due: \_\_\_\_\_

By signing below I authorize Crimson Kennels to take any medical action deemed necessary for the health and safety of the dog listed above. I will take responsibility for any medical bills incurred for the care of my dog. I acknowledge that Crimson Kennels will attempt to contact me if medical action is necessary, but if I am not available, Crimson Kennels will act on behalf of the dog.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Amount Paid

**PLEASE CALL IF THE EXPECTED TIME OR DATE OF YOUR PICK UP CHANGES!!**