



Red Oak Country KENNELS

901 Horizon Road, Nashville, NC 27856

(252) 373-1104

Boarding Contract

Pet Owner: _____.

Pet's Name: _____.

- 1. General Terms:** Red Oak Country Kennels will exercise responsible care for the safety of your pet, and to keep the boarding premises safe and properly enclosed. Pets will be fed and watered regularly, and housed in clean, safe quarters. Red Oak Country Kennels cannot guarantee against accidents, and we cannot be liable for loss or damage caused by or to our pet guests at this facility. Owner agrees to be solely responsible for any and all attacks or damage caused by the owner's pet while it is at this facility. **Initial Here _____.**
- 2. Payment/Nonpayment:** Red Oak Country Kennels charges for boarding space by the night. Owner agrees to pay the rate for the boarding in effect on the day the pet is checked in. Payment balance is due upon checkout. If any charges are not paid when due, interest will accrue at 1.5% per month. All collection expenses, including attorney fees, will be paid by the owner. **Initial Here _____.**
- 3. Check In/Out Times:** Check out time is before 10AM. Any pet checked out after 10AM will be charged for the day. Check in and check out times are only during normal business hours. There are no check ins or check outs on Saturday after 12PM. Sunday check in/out times are from 4:30PM-6PM by appointment only, no exceptions. **Initial Here _____.**
- 4. Personal Items:** We make every effort possible to make your pet feel at ease while he/she stays with us. Red Oak Country Kennels is not responsible for lost or damaged personal items. **Initial Here _____.**
- 5. Vaccinations:** Vaccinations are for the protection of your pet and other boarding pets, we cannot make exceptions to vaccination requirements. If proof of vaccination is not provided from a veterinarian the pet will not be admitted to the kennel. **Initial Here _____.**
- 6. Abandonment:** If the pet is not called for within 10 days after the designated checkout time and the owner cannot be contacted, then the pet will be considered abandoned and will be handled in accordance with state law. All adoption fees and other incurred expenses will be the responsibility of the owner. **Initial Here _____.**
- 7. Geriatric Pets:** Older pets may experience additional stress while being boarded. Red Oak Country Kennels is devoted to providing exceptional care for guests, including geriatric pets. Your initials acknowledge that you are aware of and accept all age-related risks. **Initial Here _____.**
- 8. Medications:** Medications, supplements or other items will be administered at owner's request, but medications must be presented in their original containers with instructions for administration. **Initial Here _____.**
- 9. Treatment Authorization:** The owner agrees that Red Oak Country Kennels, in its discretion, give first aid, medication or other attention we deem necessary for the health and safety of your pet. Red Oak Country Kennels is authorized by the owner to seek veterinary care, including emergency care, at the owner's expense. If we believe that your pet is in need of care, time permitting we will attempt to contact you before a veterinarian provides that care, but this document serves as our authorization to seek veterinary care for your pet in the event we are unable to reach the owner. The owner is responsible for expenses of veterinary care, whether or not you have been reached in advance. Your signature on this authorization permits Red Oak Country Kennels to make reasonable care decisions regarding your pet; and the owner agrees to pay for all costs incurred for such treatment. In the unlikely event that a pet passes away while a guest of Red Oak Country Kennels we will contact you and discuss your options of the postmortem care with you. **Initial Here _____.**
- 10. Monitoring:** Staffing at Red Oak Country Kennels varies by season and days. If at any time a staff member is not present on the premises, the kennel is locked and monitored by our security cameras. **Initial Here _____.**
- 11. Fleas:** Upon check in, your pet will be checked for fleas, if fleas are found on your pet you give our staff permission to administer a Capstar pill that will kill the fleas. Pets will be placed in quarantine until fleas are gone, the Capstar pill works quickly to help minimize this time. Owner will be responsible for the cost of the Capstar pill. **Initial Here _____.**
- 12. Contract Renewal:** This boarding contract will automatically renew each year. In the event, changes are needed, a new contract will be given for signature. **Initial Here _____.**

I hereby agree to the foregoing as the owner of the aforementioned pet.

I further certify that my pet is in good health and has not been ill with any communicable condition nor to my knowledge been exposed to any communicable diseases within the last 30 days. Moreover, I certify to the accuracy of all information given about my pet and have discussed any previous signs of aggression or threatening behavior toward any person or animal. I have read and understand the entire boarding contract.

Signature: _____

Date: _____



Red Oak Country KENNELS

901 Horizon Road, Nashville, NC 27856
(252) 373-1104

Boarding Form

Owner's Name: _____

Owner's Contact Number: (cell or home) _____

Owner's Address: _____

Owner's Email Address: _____

Emergency Contact Name & Phone: _____

Pet's Name: _____ Breed: _____ Sex: Male/Female

Age: _____ Color _____ Weight: _____ Spayed/Neutered: Yes/No

Second Pet Name: _____ Breed: _____ Sex: Male/Female

Age: _____ Color _____ Weight: _____ Spayed/Neutered: Yes/No

Third Pet Name: _____ Breed: _____ Sex: Male/Female

Age: _____ Color _____ Weight: _____ Spayed/Neutered: Yes/No

Veterinarian: _____

Does your pet(s) have any medical concerns?

Vomiting: Yes/No Diarrhea: Yes/No Coughing: Yes/No Sneezing: Yes/No Fleas: Yes/No

Medications: Yes/No If yes, please fill out medication form.

Any Medical or dietary allergies: Yes/No If yes, please list: _____

Dietary Concerns - Food: Own or Kennel Diet Type: Dry Wet Both

Amount: _____ Frequency: Morning/Afternoon/Evening

Is it OK to give your pet(s) treats? Yes/No

Behavioral Information:

Appetite: Normal/Abnormal Drinking: Normal/Abnormal Activity Level: High/Normal/Low

Friendly towards people: Yes/No/With Caution Friendly towards other dogs: Yes/No/With Caution

Ever eaten or destroyed non-food objects: Yes/No Ever tried to escape: Yes/No Likes to dig: Yes/No