Board Service Contract 2023

Client & Dog Information

Guardian's Name:	Referred By:
Home Phone:	Work Phone:
Cell Phone:	Email:
Address:	
Dog's Name/ ID:	Breed/Age/Sex: hound
Dog's Name/ ID:	Breed/Age/Sex: lab

Emergency Information

Client's trip location:	Contact information for trip location:			
Emergency Contact:	Phones:			
Alternate Emergency Contact:	Phones:			
Vet Office/ Vet's Name:	Phone:			
Address:				
Directions to Vet's Office:				
Current Medications:	Reason(s) for Meds:			
Important Medical History Notes:				

Feeding Instructions

Dog's Regular Food:	Amount/ Times of Day:	Additional Notes:	
Dog's Regular Treats:		Other treats okay? Yes No	
Treat/ Dietary Restrictions:			

Health Instructions

Medicine:	Amount:		Time:	Notes:	
Medicine:	Amount:		Time:	Notes:	
Exercise Frequency:		Exercise Duration:		Modes of Exercise:	
Additional Health Care Notes:					

Board Service Contract, continued

Behavioral Instructions

Known Behavioral Issues:	
Special Instructions or Notes regarding Behavioral Issues:	

Description of Services

Arrival date & time:		Departure date	Departure date & time:		
Dogs:	Rate:	x Nights:	Total Due:		

Liability Waiver & Policies

1. (Gentle Touch K-9 Training, LLC) will endeavor to create as safe an environment as possible for the
boarding care of my dog and will offer only sound, safe, and responsible boarding instructions. However, I
recognize that (Gentle Touch K-9 Training, LLC) is not responsible for any unintentional errors, omissions,
or incorrect assertions. I understand that the recommendation of any other product or service is not a
guarantee of my satisfaction with that product or service. Further, I am and will remain responsible for the
actions of my dog at all times and I hereby agree to indemnify and hold harmless (Gentle Touch K-9
Training, LLC) of any and all claims of injury, expense, costs, or damages caused by the actions of my dog
while under (Gentle Touch K-9 Training, LLC) care and under my own care as a result of following
Boarding instructions. I have been told by (Gentle Touch K-9 Training, LLC) and understand the inherent
risks in owning a dog, including but not limited to the risk of dog bites to myself or others.
Initial:
2. I authorize emergency medical care to be provided for my dog(s) by the above-named veterinarian, or an
appropriate alternate to be determined by (Gentle Touch K-9 Training, LLC) in the event that my regular
veterinarian is not available or that closer care is required. I will reimburse (Gentle Touch K-9 Training,
LLC) for any charges related to emergency care.
3. Payment Policy: Payment required at the time of departure date.
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This contract is validated by the signatures below in total and as approval for future services without additional written authorization.

Dog Guardian	Date	Trainer & Title	Date
HOURS	PRICE	CS	
Monday – Friday	1 dog - \$25 per night		
7:00am – 5:00pm	2 dogs	- \$23 per night per dog	
-	3 or mo	ore dogs - \$21 per night per do	g
Saturday			0
7:00am – 12:30pm			
-			
Sunday			
3:00pm – 5:00pm			