

Cinderbay Sleepovers

d/b/a Cinderbay Kennel

Kim Brown, 552 Linden Drive, Harbor Springs, MI 49740 (231)838-5227

BOARDING SERVICES AGREEMENT

Care Provider: Kim Brown (or designate) Owner: _____
Address: 552 Linden Drive Address: _____
Harbor Springs, MI 49740
Home Phone: (231)838-5227 Home Phone: _____
Cell Phone: above Cell Phone: _____
E-mail Address: sleepovers@charter.net E-mail Address: _____
How did you find me?: _____

Boarding rate is \$20 for each full or partial calendar day & \$30 a day for 2 dogs.

Breed: _____ Dog's Call Name: _____
Emergency Contact Name: _____ Vet's Name: _____
Emergency Phone: _____ Vet's Phone: _____
Micro-chip ID #: _____ Internal Parasite Preventative: _____
Micro-chip Phone # _____ Dt Last Administered: _____
Medications: _____ Flea/Tick Preventative: _____
Brand of food: _____ Dt Last Administered: _____
Special Instructions: _____

Owner certifies to the following:

1. This dog is in good health, immunizations are current, including bordatella (kennel cough vaccine) and internal / external parasite control products have been administered within the last 30 days.
2. Care Provider may obtain veterinary care as deemed necessary for the welfare of the dog. Owner will reimburse Care Provider for any veterinary expenses incurred for the treatment of this dog while in her care.
3. Care Provider will be held harmless against loss or injury to this dog while in her care.
4. Payment in full (cash or check) of all services rendered will be paid upon pick-up of the dog. **Checks should be made out to Cinderbay Kennel or Kim Brown.**
5. This agreement will remain in effect until a new Cinderbay Sleepovers agreement is signed by both Owner and Care Provider.

Care Provider's Signature

Owner's Signature

Date

Date