

Name & PHONE NUMBER of emergency contact: _____

Would you like your pet bathed or groomed on the date of pick up? Yes No
(Please pick your pet up between 3:00pm - 6:00pm during the week or between 12:30pm-1:00pm on Saturdays.)

Would you like your dog to participate in a supervised group play session @ \$8.00 per session? (Your dog must be temperament tested by our Behavioral Specialist before being approved for this activity.) _____

or

Would you like your dog exercised while here @ \$3.00 per session? Specify how many times daily. _____
(included for upstairs suites)

If you have supplied medication or a special diet, please list _____

Is your pet afraid of loud noises/thunderstorms? _____ If yes, do we need to tranquilize? _____

Date of Pick up: _____ Special Instructions: _____

***** Willow Run / Willow Brook is not responsible for any lost or damaged personal items *****

To protect your pet and our other kennel residents, all animals will receive a Capstar upon entry at the owner's expense and will receive a free dose upon departure. Every animal will be examined upon entry for evidence of fleas/ticks. If live fleas or ticks are found, your pet will be treated with a topical insecticide. The charge for this will be added to your balance. You must also provide proof of current vaccinations upon entry. If proof is not available at the time of entry, your pet will be vaccinated before entering the facility, and the charge will be added to your account.

This is a contract between Willow Run Kennels and Animal Clinic (hereinafter called WRKAC)/ Willow Brook Animal Hospital (hereinafter called WBAH) and the pet owner whose signature appears below.

By signing this contract and leaving the pet in the care of WRKAC / WBAH, Owner certifies to the accuracy of all information supplied regarding said pet and Owner agrees to pay the rate for boarding in effect on the date pet is checked into WRKAC / WBAH.

All charges incurred by Owner shall be payable upon pickup unless prior arrangements have been made. WRKAC / WBAH shall have and is hereby granted a lien on the pet for any and all unpaid charges resulting from boarding pet at WRKAC. Owner agrees that the pet will not be released by WRKAC/ WBAH until all charges are paid in full to WRKAC / WBAH by Owner. If Owner fails to pay any of the incurred fees, Owner agrees to be held liable for collection & legal fees.

Owner agrees to pay all costs and charges for special services requested and all agreed upon and/or necessary veterinary costs for pet during the time said pet is in the care of WRKAC/ WBAH. If pet becomes ill or the state of the animal's health otherwise requires medical attention, WRKAC/ WBAH, in its sole discretion will attempt to contact the Owner at the emergency contact listed above or have the pet examined by our staff Veterinarian, and Owner will be responsible for all charges incurred. Owner authorizes the administration of anesthetics, treatment and/or vaccinations as may be deemed needed.

Owner specifically represents that he/she is the sole owner of the pet, free and clear of all liens and encumbrances.

Owner specifically represents that the pet has not been exposed to any infectious disease within 30 days prior to check in.

Owner specifically warrants and represents that the pet is not vicious & has not attacked any person or animal in the past. Owner agrees to hold WRKAC / WBAH harmless from any and all claims arising from acts of the animal which are of a vicious nature.

Owner understands that the conduct of the pet cannot be absolutely controlled and if the pet's behavior becomes aberrant or destructive to the point of gaining access outside the confines of the facility, WRKAC / WBAH will be held harmless from said actions and Owner will be responsible for any and all charges for repair to the facility.

This contract contains the entire agreement between the parties. All terms and conditions of this contract shall be binding on the heirs, administrators, personal representatives and assigns of the Owner and WRKAC / WBAH.

Owner/Personal Representative Signature: _____ Date _____

Personal Items: _____ Vx Status: _____ HW test _____

Weight: _____ Parasite Check: _____ Capstar Administration: _____ Staff ID# _____

Veterinary Services to be performed: _____