

Stockton's Plum Creek Kennels
7479 W. Titan Road

7479 W. Iitan Hoad Littleton, CO 80125 303/791-DOGS or Fax 720/344-3608 kennel@stocktonsplumcreek.com

Kennel #	

Clier	nt Information
Name:	
Address:	
Phone Number: Home, Cell	, Other
Emergency Number:	
	ity code (3 #'s on back) Exp. date
Visa Mastercard American Express Cred Signature:	it/Debit 👚 👚
Pet	Information
Name:	Breed: Color:
Age: Sex: Fe	eding Instructions:
Mediation, Type and instructions:	
Aggressive towards People	Aggressive towards Dogs Neutered
Escape Artist	Chronic Health Problems
Special Instructions:	
Det	Information
Name:	Breed: Color:
	eding Instructions:
Medication, Type and instructions:	
Aggressive towards People	Aggressive towards Dogs Neutered
Escape Artist	Chronic Health Problems
Special Instructions:	
Veterinarian:	Phone Number:

^{***}Credit Card is only used for veterinary services or in the absence of payment

Date In	WT	Date out	WT

Comment Kennel Staff	

This is a Contract between Stockton's Plum Creek Kennels and the pet owner whose name is listed in the client information section, and whose signature appears below, hereafter called "Owner".

- 1. Owner agrees that the pet shall not leave the kennel until all charges are paid in full.
- 2. Owner agrees to pay the rate for boarding in effect on the date pet is checked into the kennel.
- 3. Owner agreed to provide valid proof that the dog(s) to be boarded are current on the following vaccinations: Distemper, Parvo, Bordetella and Rabies.
- 4. Owner further agrees to pay all costs and charges for special services requested. Owner agrees to pay all veterinary costs for the pet during the time said pet is in the care of the kennel.
- 5. In the rare and unfortunate event that your pet dies in our care, your pet will be taken to Colorado Veterinary Services located at 221 W. County Line Rd. Littleton Colorado and maintained for pick-up or further instructions.
- 6. Kennel shall exercise reasonable care for the pet delivered by the Owner to the kennel for boarding. It is expressly agreed by owner and Kennel that Kennel's liability shall in no event exceed the lesser of the current chattel value of a pet of the same species or the sum of \$200 per animal boarded. The Owner further agrees to be solely responsible for any and all acts or behavior of the said pet while it is in the care of the Kennel.
- 7. Owner specifically represent to Kennel that the pet has not been exposed to Rabies or Distemper within a thirty day period prior to boarding.
- 8. Should any pet in the boarding facility care become ill, or seem to be in need of medical attention, the facility reserves the right to administer aid and to use any available veterinarian.
- 9. Owner hereby understands that if an elderly dog is brought in for boarding, it will be under more stress then normal which may cause health issues.
- 10. Owner agrees that if the pet is transported to a veterinarian and is required to stay overnight or for an extended stay, Owner understands they are still responsible for the board rate on the remaining dates at the kennel.
- 11. Owner agrees and understands that if the dog(s) boarded at the kennel are not picked up, and there is no contact from the owner within 5 days of date dog is to be taken home, the dog will be considered abandoned and will become the property of the Kennel.
- 12. This contract contains the entire agreement between the parties. All terms and conditions of this Contract shall be binding on the heirs, administrators, personnel representatives and assigns of the Owner and the Kennel.
- 13. Any Controversy of claim out of or relating to this contract, or the breech thereof, or as the result of any claim or controversy involving the alleged negligence by any party to this contract shall be settled by arbitration.

By Ir	l give permission for my dog(s) to be co-mingled, with supervision, in the exercise pens and training area's, and I recognize and understand the risk to the dog in these environments.
	I give permission for the use of a catch pole, and other devises to be used in extreme circumstances.
	I give permission for Colorado Veterinary Specialist / hospital to be used in place of my primary veterinary.
	I authorize my dog to be tethered during the bathing and grooming processes.
O 1	wner Signature Date Kennel Representative

Stockton's Plum Creek Kennels

Pet Care Authorization

To Whom it May Cond		er's name), owner of	the below-described animal,	authorize
Stockton's Plum Cree euthanasia (unless no	<u>eek Kennel</u> to make em	ergency veterinary m nal described below i	nedical decisions, including n the event that I cannot be re	
	nation in case of emerge		s of contact):	
Other contacts (travel of	companions, etc. – nam	e and contact informa	ation):	
Dates of travel or expir	ation date of this form:_			
Type of animal: Age, weight and sex of Description of animal (of Relevant medical histo Microchip number (if ap	color, markings): ry: oplicable):			
Veterinarian Owner use	98:		Phone #	
Medications (name, do	ose, frequency, route of a	administration):		
Name	Dose	Frequency	How Medication is given	Other notes
Name	Dose	Frequency	How Medication is given	Other notes
Name	Dose	Frequency	How Medication is given	Other notes
Name	Dose	Frequency	How Medication is given	Other notes
Name	Dose	Frequency	How Medication is given	Other notes
Name	Dose	Frequency	How Medication is given	Other notes
Name	Dose	Frequency	How Medication is given	Other notes
Please Initial the follo				Other notes
Please Initial the follo	owing as they apply: ary care costs up to \$			
Please Initial the followard of the second o	owing as they apply: ary care costs up to \$	my credit card on file		
Please Initial the follows: I authorize veterination: I authorize the veterination: I do not authorize	owing as they apply: ary care costs up to \$ erinary facility to charge euthanasia without my o	my credit card on file		sary expenses