



450 S. County Rd. 133  
Bennett, CO 80102  
Phone: 303-644-4300  
Fax: 1-303-644-6300



### Client Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Emergency Number: \_\_\_\_\_  
\*Credit Card #: \_\_\_\_\_  
Expiration: \_\_\_\_\_  
Signature: \_\_\_\_\_



### Pet Information

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Feeding Instructions: \_\_\_\_\_  
 Medication  Aggressive towards People  Aggressive towards Dogs  
 Escape Artist  Chronic Health Problems \_\_\_\_\_  
Special Instructions: \_\_\_\_\_

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Feeding Instructions: \_\_\_\_\_  
 Medication  Aggressive towards People  Aggressive towards Dogs  
 Escape Artist  Chronic Health Problems \_\_\_\_\_  
Special Instructions: \_\_\_\_\_

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Feeding Instructions: \_\_\_\_\_  
 Medication  Aggressive towards People  Aggressive towards Dogs  
 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	Date Out	Date In	Date Out

Comments from Kennel Staff

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

This is a Contract between VALHALLA KENNELS and the pet owner whose signature appears below (hereafter called "Owner")

1. Owner agrees that the pet shall not leave the kennel until all charges are paid to kennel by Owner.
2. Owner agrees to pay the rate for boarding in effect on the date pet is checked into the kennel (as posted in lobby).
3. 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 including the cost of vaccination if current proof cannot be presented.
4. 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 said pet while it is in the care of the Kennel.
5. Owner specifically represents to Kennel that the pet has not been exposed to Rabies or Distemper within a thirty day period prior to boarding.
6. 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.
7. Any Controversy of claim out of or relating to this contract, or the breach 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 initialing the following statements the owner is giving full consent to Valhalla Kennels.

\_\_\_\_\_ I give permission for my dog(s) to be co-mingled, with supervision, in the exercise and training areas.

\_\_\_\_\_ I give permission for my dog to be boarded in the same primary enclosure as a dog of different ownership

\*Only applicable with permanent boarding dogs, training dogs, or under extreme circumstances\*

\_\_\_\_\_ I give permission for electronic devices (shock & bark collars) to be used

\*Only applicable with permanent boarding dogs, training dogs, or under extreme circumstances\*

\_\_\_\_\_ I give permission for Strasburg Veterinary Hospital to be used in place of my primary veterinarian for both emergency and routine visits.

OWNER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

KENNEL REPRESENTATIVE \_\_\_\_\_