



Break of Dawn Farm and Kennels, LLC
5803 Charles City Road
Henrico, Virginia 23231

Owners: Tom & Nita Mawyer

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Breeders of Top-Quality A.KC register companions & Working Retrievers, Labradors (since 1978), Golden (since 1987) OFA/Cert. Parents

BOARDING AGREEMENT (SINGLE PET)

Owner(s)

Owner 1: _____
Owner 2: _____
Address: _____
City: _____ State: _____ Zip: _____
Email 1: _____ Email 2: _____
Home: _____
Work: _____
Cell 1: _____
Cell 2: _____
Other: _____

ADDITIONAL CONTACT INFORMATION (OTHER THAN OWNER(S)) IF APPLICABLE

Name: _____ Phone: Home _____ Cell: _____
Email: _____ Relationship: _____

The above-named person is authorized by me to:

- Pick-up my dog(s) from boarding or daycare? [] Yes [] No
Make decisions for my dog(s) on my behalf in an emergency? [] Yes [] No
Make decisions for my dog(s) on my behalf in non-emergency situations? [] Yes [] No

Name: _____ Phone: Home _____ Cell: _____
Email: _____ Relationship: _____

The above-named person is authorized by me to:

- Pick-up my dog(s) from boarding or daycare? [] Yes [] No
Make decisions for my dog(s) on my behalf in an emergency? [] Yes [] No
Make decisions for my dog(s) on my behalf in non-emergency situations? [] Yes [] No

VETERINARIAN

Office name: _____ Doctors Name: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____ Fax: _____

*Please provide or have your veterinarian fax your pet's vaccination records prior to boarding with us.

Shots Required:

- [] Bordetella (kennel cough) (Oral annual vaccine) [] Distemper/Corona/Parvo (DAPP) (3-year vaccine)
[] Rabies Canine (3-year vaccine) [] Canine Lepto (1-year vaccine)

*Pet must have a 72-hour window of time pass after administration of new shots before coming to kennel.

If traveling with your dog please also get the [] Canine influenza H3N8 (1-year vaccine)
(This will help give an extra boost to the Bordetella shot)

YOUR PET:

Pet name _____ Breed _____ Color _____ Weight _____ Sex [] M [] F Intact [] Neutered [] Spayed []

Feeding Instructions

- [] Will bring own food: Brand: _____ Feeding Time [] 1 x a day [] AM or [] PM
How much in cups? _____ [] 2 x's a day AM and PM

Eating Habits

- [] Eats all food at mealtime [] Goes for periods without eating
[] Nibbles throughout the day [] Sometimes requires more palatable food to be mixed in to eat.

MEDICATIONS

<u>Medication Name</u>	<u>What time?</u>	<u>What is it for?</u>	<u>Lifetime</u>	<u>Temporary</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SPECIAL BOARDING NEEDS

- Indoor/Climate Control
 In/Out Option
 Crate(s)
 Private yards
 Pavilion
 Other (please specify): _____

GROOMING INSTRUCTIONS

- Bath & Nails Bath only Nails only
 Ear Cleaning Brush out
 Hypo-allergenic No Freshener Bring own Shampoo (Please label)
 Hygiene Cut **This service can only be performed by a qualified staff person. Owner(s) must speak with person performing this service before services can be performed.*

BOARDING AGREEMENT

Should any boarding animal become ill or seem to need medical attention. We reserve the right to administer aid and/or use any available veterinarian unless otherwise specified. Any expenses incurred shall be paid by the owner, in addition to any other boarding/grooming fees listed below.

Daily boarding charges are based on calendar days not 24-hour periods. Customers agree to notify the kennel in advance if there are any changes in boarding dates/times. No boarding animal will be released until all charges are paid in full. We do NOT accept Debit or Credit Cards ONLY Cash & Checks. Any pets left 10 days + beyond scheduled pick up without any contact from the owner. Animal Control will be contacted, and pet released to them. The owner is liable for the complete boarding bill as well as other charges incurred in the care, maintenance, and disposal of said animal(s) listed above. The owner of the animal/or agent agrees to pay for reasonable attorney's fees incurred by the kennel in the collection of any boarding, grooming, or other charges incurred by the owner of the animal.

We make every effort to ensure the safety and happiness of your pet during their stay with us. It is your responsibility as the owner to inform us if your pet has **EVER** exhibited any of the following behaviors:

- | | |
|---|---|
| <input type="checkbox"/> Climbing | <input type="checkbox"/> Hard to catch/won't come when called |
| <input type="checkbox"/> Digging | <input type="checkbox"/> Chewing |
| <input type="checkbox"/> Hard to handle | <input type="checkbox"/> Fear of storms/noise sensitivity |
| <input type="checkbox"/> Aggression (toward people or other dogs) | <input type="checkbox"/> Escape artist |
| <input type="checkbox"/> Other (Please specify): _____ | |

If your dog falls into **ANY** of the categories above, while they may be allowed to exercise in designated play areas **AT YOUR REQUEST**, you must understand that there is a risk involved: if they escape from their play yard and will not come when called or let us catch them, although we will immediately call you for your assistance, we cannot be held responsible if they find their way off the premises.

It is the owner's responsibility to make sure that the kennel facility knows and understands fully any special instructions/needs their dog may have, whether it involves medications, limitation of activity, dog in season, cannot be exercised off-leash, requires private play yard, etc.

If for any reason, your dog needs veterinary care while staying with us, unless otherwise prearranged with your own vet, we will use the veterinarian that services our kennel or an emergency veterinarian on call in an afterhours situation.

We accept checks or cash in payment of our fees. We are **not** set up to accept any type of credit card.

Owner #1 Signature: _____

Date: _____

Print name: _____

Owner #2 Signature: _____

Date: _____

Print name: _____

Boarding Agreement (Single pet)

Initials: _____ Date: _____

COMMENTS/SPECIAL INSTRUCTIONS: