

BOARDING AGREEMENT

IMPORTANT - PLEASE READ CAREFULLY BEFORE SIGNING

This is an Agreement between SCP, LLC and the pet owner whose signature appears below (hereinafter called "Owner").

1. Owner agrees to pay the rate for dog/cat care provided in effect on the date pet is checked into SCP, LLC.
2. Owner further agrees to pay all costs and charges for special services requested, and all veterinary costs for the pet during the period said pet is in the care of SCP, LLC.
3. Owner further agrees that the pet shall not leave the facility until all charges due are paid by Owner or proper payment arrangements are agreed upon by both parties.
4. By signing this Agreement and leaving pet with SCP, LLC, Owner certifies to the accuracy of all information given about pet. SCP, LLC reserves the right to deny admittance to Owner's pet for any reason at any time.
5. SCP, LLC shall exercise reasonable care for the pet delivered by the Owner to the pet care provider. If interactive daycare is provided, Owner recognizes and accepts potential risks involved in such activity. It is expressly agreed by Owner and pet care provider that SCP, LLC's shall be held harmless and in no event be held responsible for any and all acts or behavior of said pet while it is in the care of the pet care provider, to include payment of costs for injury to staff or other animals or damage to facilities caused by the pet.
6. Owner specifically represents that he or she is the sole owner of the pet, free and clear of all liens and encumbrances.
7. Owner specifically represents to SCP, LLC that, to Owner's knowledge, the pet has not been exposed to any contagious diseases within a 30 day period prior to check-in. During the period of this Agreement, Owner also agrees to notify SCP, LLC of any known exposure o pet to a communicable disease and hold pet out of attending SCP, LLC until pet is symptom-free for a minimum of 30 days or with written veterinary clearance. Owner further agrees to maintain currency of vaccinations as required by SCP, LLC policy.
8. Owner understands that all pets at SCP, LLC are fully vaccinated. However, it is still possible for owner's pet to become ill, even if vaccinated. Owner understands that this is not due to any circumstance or condition at SCP, LLC and agrees to not hold SCP, LLC liable in the event your pet becomes ill during or after its stay.
9. Owner further agrees to provide proof of preventative flea/tick treatment program and to be financially responsible for any required treatment for fleas/ticks, if determined necessary by the pet care provider.
10. All Charges incurred by Owner shall be payable upon pick-up of pet. SCP, LLC shall have, and is hereby granted, a lien on the pet for any and all unpaid charges resulting from services provided by SCP, LLC. The Owner herby agrees that in the event the charges are not paid when due in accordance with this contract, SCP, LLC may exercise its lien rights upon ten days written notice given by SCP, LLC to Owner by certified mail to address shown on contract. SCP, LLC may dispose of pet for any and all unpaid charges, at private or public sale, in the sole discretion of SCP, LLC, and Owner specifically waives all statutory or legal rights to the contrary. If such sale shall not secure a price adequate to pay such costs of pet care or other charges delinquent, plus costs of sale, the Owner shall be liable to SCP, LLC for the difference. All monies realized by SCP, LLC at such sale, over and above the charges due and costs of sale shall be paid to Owner.
11. If pet becomes ill or injured, or if the state of the animal's health otherwise requires professional attention, SCP, LLC, in its sole discretion, may engage the services of a veterinarian or administer medicine or give other requisite attention to the animal, and the expenses thereof shall be paid by Owner.
12. This Agreement contains the entire agreement between the parties. All terms and conditions of this Agreement shall be binding on the heirs, administrators, personal representatives and assigns of the Owner and SCP, LLC.
13. Any controversy or claim arising out of or relating to this Agreement, or breach thereof, or as the result of any claim or controversy involving the alleged negligence by any party to this Agreement, shall be settled in accordance with the rules of the American Arbitration Association, and judgment upon the award rendered by an arbitrator may be entered in any Court having jurisdiction thereof. The arbitrator shall, as part of the award, determine an award to the prevailing party of the costs of such arbitration and reasonable attorney's fees of the prevailing party.

FEES/CANCELLATIONS: Boarding is \$30/day per pet. You will be charged \$20 if you fail to notify us within 48 hours of your reservation drop off time. Holiday rate is an additional \$25 per day per pet.

DROP OFF TIME: We will try our best to accommodate your trip schedule as best we can. Please call us to set up a specific for dropping off your pet(s).

PICK UP TIME is 11am. Pick ups after 11am will be charged another day's boarding. Please call before arriving so we may meet you. We will attempt o accommodate your trip schedule as best we can.

NAME

ADDRESS

PHONE

EMAIL ADDRESS

IN CASE OF EMERGENCY

VETERINARIAN CLINIC:

amount willing to spend:

EMERGENCY CONTACT:
(phone number and relationship to you)

SIGNATURE of OWNER

DATE

WWW.SCLPRESCUE.ORG



HI. I'M JUST VISITING.

1



NAME

COLOR/DISTIGUISHABLE FEATURES:

BREED _____ AGE _____

SEX **MALE** INTACT NEUTERED **FEMALE** INTACT SPAYED

FOOD

QUANTITY: _____ 8AM 4PM SELF-FEEDING

MEDS? Please include the reason for meds, dosage, and when they are to be administered.

NEED EXTRA TIME?
\$6/DAY

2



NAME

COLOR/DISTIGUISHABLE FEATURES:

BREED _____ AGE _____

SEX **MALE** INTACT NEUTERED **FEMALE** INTACT SPAYED

FOOD

QUANTITY: _____ 8AM 4PM SELF-FEEDING

MEDS? Please include the reason for meds, dosage, and when they are to be administered.

NEED EXTRA TIME?
\$6/DAY

3



NAME

COLOR/DISTIGUISHABLE FEATURES:

BREED _____ AGE _____

SEX **MALE** INTACT NEUTERED **FEMALE** INTACT SPAYED

FOOD

QUANTITY: _____ 8AM 4PM SELF-FEEDING

MEDS? Please include the reason for meds, dosage, and when they are to be administered.

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