



Branchwater Border Collies

Boarding Contract and Check In

Page 1 of 2: Check In

Dog(s): _____

Drop-off Date: _____ Drop off: AM PM

Pick-up Date: _____ Pick-up Time: AM PM

Medical Problems/Medications: _____

Any additional important information (ie storm phobia, allergies, etc.)

Services Available:	
<input type="checkbox"/> Yes <input type="checkbox"/> No Bath	\$40/dog for dogs 40 lbs and under \$50/dog for dogs over 40 lbs
<input type="checkbox"/> Yes <input type="checkbox"/> No Branchwater Provided Food	\$4/dog/day
<input type="checkbox"/> Yes <input type="checkbox"/> No Administer Provided Medication	\$3/dog/day
Extra Exercise:	
One dog	Two or more dogs at the same time
20 min <input type="checkbox"/> once/day \$10 <input type="checkbox"/> twice/day \$20	20 min <input type="checkbox"/> once/day \$15 <input type="checkbox"/> twice/day \$30
15 min <input type="checkbox"/> once/day \$8 <input type="checkbox"/> twice/day \$16	15 min <input type="checkbox"/> once/day \$12 <input type="checkbox"/> twice/day \$24
10 min <input type="checkbox"/> once/day \$6 <input type="checkbox"/> twice/day \$12	10 min <input type="checkbox"/> once/day \$9 <input type="checkbox"/> twice/day \$18

*Please note: Our goal is that your dog has a pleasant experience at Branchwater Kennels. If we notice that your dog is exhibiting signs of extreme stress or signs of aggression at the time of bath, we will not complete the treatments and you will not be charged. We hope that your dog is happy at Branchwater and while we are always careful and loving with the dogs in our care, would not want an experience with a bath to ruin their outlook on their stay with us.

Initial: _____

Owner Name(s): _____

Address: _____

Email: _____

Phone number(s): _____

Local emergency contact: _____

phone number(s): _____

Owner-provided food should be brought in a plastic container. Please specify the type of food:

In the event that we run out of food, we will purchase a small bag at the owner's cost.

Initial: _____



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During the boarding stay, if any medical problems were to come up, Doreen B. Suchting may take my dog(s) to a vet of her discretion. At that time, she may use her judgement on any care that needs to be done with my dog(s). (AT OWNER'S COST)

Initial: _____

The owner(s) acknowledge that they have been advised that Branchwater Farms, Inc. discourages placing more than one dog in each kennel. If the owner(s) nevertheless, insist on placing more than one dog in a kennel, he/she/they will so indicate by initialing below. The owner(s) hereby agree that Branchwater Farms, Inc. and its owners, agents and employees are not responsible for any damages or injuries which occur to the dogs which are being placed together in a single kennel. **Dogs must be able to eat peacefully next to each other.** If kennel staff needs to separate the dogs for any reason, a second kennel will be charged.

Initial: _____

The owner(s) of the dog(s) which are being boarded at Branchwater Farms, Inc. hereby agree that they will hold harmless Branchwater Farms, Inc. and its owners, agents and employees for any damages or injuries which occur to the dog(s) which are being boarded.

Signature _____

For Office Use Only:

_____ Number of days
_____ Boarding Cost (\$35/dog/day, \$30/dog if shared kennel)
_____ Bath Cost
_____ Exercise Cost (as chosen above)
_____ Food Cost (\$4/day/ dog)
_____ Medication Administration Cost (\$3/day/ dog)
_____ **Total Cost (10% discount/10+days)**
_____ Paid/Check#: