

# BLACK BARN KENNELS



## Boarding Agreement & Liability Form

This is a Contract between Black Barn Kennels LLC (hereinafter called "Kennel") and the pet owner whose signature appears below (hereinafter called "Owner").

### PAYMENT & RATES

Payment is expected for services upon picking up the Pet. The Owner agrees to pay the boarding rate in effect on the date Pet is checked into the Kennel, as posted in the office and on the Kennel's website. Owner agrees to pay all costs and charges for special services requested, plus any veterinary expenses deemed appropriate by the Kennel for Pet during the time it is in the Kennel's care. The Kennel shall attempt to contact Owner before incurring veterinary services which are required by the Pet's health and/or behavior.

### RISKS & LIABILITIES

Due to the nature of the Kennel, there are some inherent risks, for example, the transfer of communicable diseases such as Canine Papilloma virus (Puppy Warts) and Canine Cough. Injuries may include, but are not limited to: broken nails, sore feet, puncture wounds, abrasions, and cuts. These injuries are generally benign and can usually be managed by our staff or at home. In some cases, veterinary care may be required.

### DAMAGE

The Owner agrees to be solely responsible for any and all acts or behavior of the Pet while it is in the care of the Kennel. This includes but is not limited to property damage or injury to self. Owner agrees to be financially responsible for kennel property damaged by Pet, and pay such costs upon checkout of Pet.

### HEALTH/VACCINES

Owner represents that the Pet has not been exposed to rabies, distemper, or any known communicable disease within a thirty-day period prior to boarding. Kennel requires proof of current Rabies, Distemper, and Bordetella vaccinations. A Bordetella vaccination is required every six (6) months, and is recommended to be given to the Pet at least 2 weeks prior to the Pet's arrival. The Bordetella vaccine is not 100% effective, and the Kennel makes no guarantees in regards to the Bordetella vaccine. If fleas or ticks are found on the Pet, they will be treated accordingly and Owner shall be responsible for such expenses.

### ILLNESS

If Pet becomes ill, requires professional attention, or if Pet's behavior is endangering itself, humans, or other animals, the Kennel, in its sole discretion, may engage the services of a veterinarian or administer medicine or give otherwise requisite attention to the pet. In the event that medical attention is necessary, the Kennel will make every effort to contact the Owner or the Owner's designated Emergency Contact, in addition to contacting your

veterinarian. In the event that none of the above contacts are reachable, the Kennel shall act on the advice of the Owner’s veterinarian and/or the medical staff overseeing the Pet, to do whatever treatment is reasonable to keep the Pet healthy and stable. When necessary, medication will be administered as necessary by the Kennel under the direction of a veterinarian. The undersigned Owner hereby gives the veterinarian complete authority to treat the Pet in whatever manner deemed necessary. The Owner shall be responsible for all veterinary charges upon release of the Pet. The Owner also gives full authority for the treating veterinarian and their associates to discuss with Kennel any aspect of any illness or injury that the Kennel has presented for treatment.

By signing this Agreement:

- 1) The Owner certifies to the accuracy of all information given about the Pet to the best of their knowledge, and represents that he or she is the sole owner of Pet.
- 2) The Owner indicates that they have read and accepted all policies listed in this agreement as well as all policies on Black Barn Kennels’ website.
- 3) The Owner authorizes Black Barn Kennels to utilize photos of their Pet on the Kennel’s website and/or social media platforms.
- 4) The Owner understands that the Kennel will not be liable for any illness, injury, death, and/or escape of the Pet, provided that reasonable care and precautions are followed.

Pet Owner:

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name

**Black Barn Kennels**  
5330 State Route 730 Wilmington, Ohio 45177  
(937) 307-9246

[blackbarnkennelsohio@gmail.com](mailto:blackbarnkennelsohio@gmail.com)  
[www.blackbarnkennels.com](http://www.blackbarnkennels.com)

# BLACK BARN KENNELS

## New Client Registration Form

Thank you for choosing Black Barn Kennels!  
Please fill this form out to the best of your abilities, and contact us with any questions.

### Human's Information:

First & Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Alternate Contact (Name & Phone Number) : \_\_\_\_\_

Family Veterinarian: \_\_\_\_\_

Veterinarian's Location (City & State): \_\_\_\_\_

### Dog #1's Information:

(if you have multiple dogs staying with us, use the additional sections on the back of this page)

Dog's Name: \_\_\_\_\_ Dog's Sex:  Male  Female

Dog's Breed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Approx. Weight: \_\_\_\_\_ Color: \_\_\_\_\_

Is your dog spayed/neutered?  Yes  No

Any aggressive behavior or temperment issues?  
\_\_\_\_\_

Please describe any medical or physical problems, including allergies:  
\_\_\_\_\_

Anything else we should know?  
\_\_\_\_\_

Please submit the following documentation to us at your first visit, or via email to [blackbarnkennelsohio@gmail.com](mailto:blackbarnkennelsohio@gmail.com)

- Proof of Rabies Vaccination
- Proof of DPP Vaccination
- Proof of Bordetella Vaccination

**BLACK BARN KENNELS**  
**New Client Registration Form**

You can skip this page if you only have one dog that will stay with us.

**Dog #2's Information:**

Dog's Name: \_\_\_\_\_ Dog's Sex:      Male      Female

Dog's Breed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Approx. Weight: \_\_\_\_\_ Color: \_\_\_\_\_

Is your dog spayed/neutered?      Yes      No

Any aggressive behavior or temperment issues?  
\_\_\_\_\_

Please describe any medical or physical problems, including allergies:  
\_\_\_\_\_

Anything else we should know?  
\_\_\_\_\_

**Dog #3's Information:**

Dog's Name: \_\_\_\_\_ Dog's Sex:      Male      Female

Dog's Breed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Approx. Weight: \_\_\_\_\_ Color: \_\_\_\_\_

Is your dog spayed/neutered?      Yes      No

Any aggressive behavior or temperment issues?  
\_\_\_\_\_

Please describe any medical or physical problems, including allergies:  
\_\_\_\_\_

Anything else we should know?  
\_\_\_\_\_