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| **TRAINING AND/OR BOARDING AGREEMENT**  Mason Dixon Game Outfitters, LLC (the “Kennel”) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OWNER INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OWNER’S NAME  (and/or Authorized Agent) | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | ADDRESS | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| HOME PHONE | | | | | |  | | | | | | | | | | | | | | CELL PHONE | | | | | | |  | | | | | | | | | | | | EMAIL | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| EMERGENCY CONTACT | | | | | | | | | | | | | | | | | | NAME | | | |  | | | | | | | | | | | | | | | | | PHONE NUMBER | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| DOG INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | NAME | | |  | | | | | | | | | | | | BREED | | | | |  | | | | | | | | SEX | | | | MALE  FEMALE | | | | | | | COLOR | | | | | | | |  | | | | | | | | | WEIGHT | | | |  | | | | |
| 2 | NAME | | |  | | | | | | | | | | | | BREED | | | | |  | | | | | | | | SEX | | | | MALE  FEMALE | | | | | | | COLOR | | | | | | | |  | | | | | | | | | WEIGHT | | | |  | | | | |
| \* If more than 2 dogs, please add additional page with details. Thank you. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME(S) OF PEOPLE AUTHORIZED TO DROP OFF/PICK UP | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | VETERINARIAN NAME & PHONE | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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|  | | | CHECK-IN DATE | | | | | | | | |  | | | | | | | | | | | | | | | | | | CHECK-OUT DATE | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | |
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| PERSONAL ARTICLES/ MEDICATIONS LEFT WITH DOG | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | \* Personal items are left at your own risk. The Kennel is NOT responsible for damage/loss of articles left | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEEDING INSTRUCTIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TYPE OF FOOD TO BE FED  *(Prescription Diet I/D or own)* | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | QUANTITY | | | | | |  | | | | | | | | | | FREQUENCY | | | | | | | | | |  | | | | | | | | |
| OK TO GIVE TREATS? | | | | | YES  NO | | | | CHEW TOYS? | | | | | | | | | | | YES  NO | | | |  | | Any Food Allergies or Diet Restrictions? | | | | | | | | | | | | YES  NO | | | | | | ***If YES, please explain*** | | | | | | | | | |  | | | | | | | | | | | |
| MEDICAL INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **VACCINATION POLICY:** To prevent the spread of disease while your dog is in our care, dogs must be current on rabies, Bordetella (within last year) and distemper-parvo vaccinations. Cats must be current on rabies and FVRCP (feline distemper). It is the responsibility of the owner to provide proof of vaccination history for each dog boarding. The vaccinations must have been administered by a veterinarian; home administered vaccinations cannot be accepted. Animals whose vaccinations are not up to date must be vaccinated prior to admittance at the owner’s expense or they will not be allowed to board. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | DATE EXPIRED | | | | | RABIES | | | | | | | | |  | | | | | | | | | DHPP/FVRCP | | | | | | | |  | | | | | | | | | | BORDETELLA | | | | | | | | |  | | | | | | | | | | | | |  |
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| Owner understands that even if the Owner’s dog(s) is vaccinated against Kennel Cough (Bordetella) there is a chance that the Owner’s dog can still contract Kennel Cough or another illness during their stay. Owner specifically agrees that the Kennel shall in no way be responsible should owner’s dog contract Kennel Cough or another illness while in the care of the Kennel. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **INITIALS** | |  | | | |
| MEDICATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF MEDICATION | | | | | | | | | | | | | | | REASON FOR USE | | | | | | | | | | | | | | | | | | | FREQUENCY | | | | | | | | | | | QUANTITY | | | | | | | | LAST DOSE GIVEN | | | | | | | | | | | | |
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| SPECIAL INSTRUCTIONS FOR ADMINISTERING MEDICATION | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HAS YOUR DOG EVER HAD A SEIZURE | | | | | | | | YES  NO | | | | | | | | *If YES, Last Seizure Date* | | | | | | | | | | | |  | | | | | | | TREATMENT | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| HIP DYSPLASIA OR OTHER ORTHOPEDIC CONDITIONS | | | | | | | | | | | YES  NO | | | | | | | | *If YES, specify* | | | |  | | | | | | | | | ALLERGIES? | | | | | | | | | | | | YES  NO | | | | | | *If YES, specify* | | | | | | | |  | | | | | | | |
| HAS YOUR DOG BEEN ILL IN THE LAST 30 DAYS? | | | | | | | | | | | YES  NO | | | | | | | | *If YES, specify* | | | |  | | | | | | | | | MEDICAL/ HEALTH CONCERNS? | | | | | | | | | | | | YES  NO | | | | | | *If YES, specify* | | | | | | | |  | | | | | | | |
| **All dogs will be checked for fleas and ticks** at admission to boarding/training. If either fleas or ticks are found, your dog will be treated prior to admission to boarding at a charge of $15.00 per dog for application of a topical parasiticide. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical Illness Policy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Should your dog become ill or injured, we will call the emergency numbers you provided regarding your dog’s symptoms, treatment options and an estimate of additional costs. However, if the owner or their authorized agent cannot be reached, please indicate your wishes below, should your dog require treatment to relieve immediate discomfort or resolve an important medical condition. If it will be difficult to reach you during your dog’s stay, please provide us with the names and phone numbers of persons authorized to act as your agent during your dog’s stay. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please perform whatever services the doctor deems necessary for the best care of my dog until I or my Authorized Agent can be reached. I authorize up to the following amount: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$300** | | | | | | **$500** | | | **$1000** | | | | | **UNLIMITED** | | | | | | | | *INITIAL CHOICE* | | |
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| I hereby authorize the following person(s) to act as my agent(s) should the need arise for medical care during my dog’s stay at the Kennel and I am unable to be reached. I understand that I shall be fully responsible for any medical care authorized by either myself or any Authorized Agent) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AUTHORIZED AGENT | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | PHONE | | | | | | | |  | | | | | | | | | | | | | | | | |
| Do not administer any medical treatment until specific authorization is given by the owner or their authorized agents. I understand that delay of medical care during an emergency can be potentially fatal and accept responsibility for my decision. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **INITIALS** | |  | | | | |
| **Disclaimers and Additional Provisions Relating to Training and/or Boarding**  The Kennel is happy to offer the opportunity for your dog to be boarded and/or trained here. In order for us to be able to offer these services, we have developed a set of provisions and disclaimers which you must carefully read and agree to before allowing your dog to be placed in boarding with the Kennel  1) Standard precautions will be used against injury, escape or death of this dog. The Kennel will not be held responsible for injuries that occur, provided standard care and precautions have been followed as determined at the sole discretion of The Kennel. It is expressly agreed by Owner and the Kennel that the Kennel’s liability shall in no event exceed the lesser of the current chattel value of a dog of the same species and quality or $200.00 (two hundred dollars). In no event shall the Kennel be liable for illnesses that arise during Owner’s dog’s stay or after Owner’s dog has left the facility. Owner’s dog will not be supervised 24 hours a day by a person physically present on the premises while the dog is under the Kennel’s care or custody. Owners of the Kennel live on the premises. Their home is located next to the Kennel. However, there will be times during the day, and/or evening that the Kennel’s staff will be training dogs nearby or running short errands that take them off the Kennel’s premises.  2) Owner understands and agrees that the Owner is solely responsible for any harm caused by the Owner’s dog while boarding at the Kennel. Owner further understands and agrees that admitting Owner’s dog to the Kennel that all health and behavior problems have been fully disclosed to the best of the Owner’s knowledge. A handling charge will be assessed for any aggressive animals.  3) The Kennel has the right to refuse to accept a dog if at check-in it appears to us, in our sole discretion, that such dog is sick or that its behavior could jeopardize the health or safety of other animals or our staff.  4) The Owner agrees to pay the rate for boarding in effect on the date the dog is checked into the Kennel; Furthermore, the Owner agrees to pay for all costs for any special services requested, veterinary medical fees accrued while dog is in the care of the Kennel refill of any medications (if required) or special diets (if additional needs to be purchased above what owner provides). Owner understands that boarding rates are assessed per dog.  5) Owner fully understands that any health or behavior problems that develop during their dog’(s) stay at the Kennel will be handled and treated as deemed appropriate by the employees of the Kennel and Owner agrees to assume full financial responsibility to any and all expenses arising or relating thereto, subject to stipulations set forth in the Medical/Illness policy above.  6) Owner understands and agrees to the charges for boarding and/or training at the Kennel.  7) All charges incurred by the Owner under this agreement shall be due and payable as set forth in Schedule A. attached to this contract and made a part hereof.  Owner agrees that the dog shall not leave the Kennel until such time as all charges incurred by the Owner have been paid in full to the Kennel. In addition, Owner grants the Kennel a lien on the dog for any and all unpaid charges resulting from boarding/training at the Kennel. Owner agrees that the dog shall not leave the Kennel until Owner pays all charges to the Kennel including but not limited to charges for completion of the contracted training period, boarding, training birds, medicine and/or veterinary services incurred by or on behalf of Owner. Owner hereby agrees that in the event the charges are not paid when due in accordance with this contract, Kennel may exercise its lien rights upon ten days written notice given by Kennel to Owner by certified mail to address shown on contract. Kennel may dispose of dog and apply the proceeds thereof, if any, in accordance with Md. Commercial Law Art. 16-701.  8) This contract contains the entire agreement between the parties. All terms and conditions of this contract shall be binding on the heirs, administrators, personal representatives and assigns of Owner and the Kennel.  9) If any legal action is brought by Kennel or defended by Kennel regarding matters related or ancillary to the provisions of this Contract, the Kennel shall be entitled to recover reasonable attorney’s fees. Owner agrees that the State of Maryland is the exclusive jurisdiction for any action or proceeding on matters related or ancillary to this Contract shall be in the State of Maryland and that the only proper venue shall be Harford County Maryland.  10) Owner understands and agrees that in the event that any portion of this agreement shall be found void or unenforceable for any reason then all other portions of the agreement remain in full force and effect.  I have read, understand and agree to all provisions of this agreement. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE (OWNER/AGENT): | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | DATE: | | | | | | | | | | |  | | | | | | | | | | | | | | |