



5421 Slaters Road
Stouffville, ON L4A 2E6

Email: info@countryestatekennels.com

Arrival Date:	
Departure Date:	

*** PLEASE BE ADVISED:** COUNTRY ESTATE KENNELS Resort & Spa charges an additional \$5/day on long weekends (Friday - Monday), March Break, Christmas/New Years (December 23 through January 2nd inclusive).

Name of Owner:		Home Phone:	
Address:		Cell Phone:	
City:		Postal Code:	
Email:			
Emergency Contact:		Phone:	

If emergency contact is not available Country Estate Pet Resort & Spa will act on your behalf and you will be responsible for all costs incurred.

PET #1

PET NAME:		BREED:		AGE:	
GENDER:		COLOUR:		NEUTERED/SPAYED	YES NO
Is your dog sociable with other dogs?				YES	NO
<i>PLEASE DESCRIBE YOUR DOG'S GENERAL TEMPERMENT:</i>					
Has your dog ever been aggressive with people or other dogs?				YES	NO
Medication, special needs or health issues?				YES	NO
<i>PLEASE PROVIDE DETAILED MEDICATION, SPECIAL NEEDS OR HEALTH INSTRUCTIONS:</i>					
Leash walks available at \$7/walk. Please indicate how many walks during stay:			Grooming Required?	YES	NO

Feeding Instructions:

BOARDING RATE PER DAY

<input type="checkbox"/> SMALL BREED Boarding (\$40) x ____days	<input type="checkbox"/> Holiday Add-On Fee (\$5)
<input type="checkbox"/> MEDIUM/LARGE BREED Boarding (\$45) x ____days	x ____days
<input type="checkbox"/> GIANT BREED, SPECIAL NEEDS, PUPPY Boarding (\$50) x ____days	

1. *It is your responsibility to inform kennel staff of any aggressive behaviour your dog(s) may have.*
2. *You are responsible for all damages caused by your dog(s) to staff and/or other dogs including Veterinary costs, kennel costs and staff loss of income.*

VETERINARY CLINIC:	PHONE NO.:
Vaccination Certificate(s) Provided:	

Boarding Agreement

I, the undersigned owner or authorized agent understand that boarding and day care pets, will receive careful attention and that I will not hold Country Estate Kennels, Staff or Owners of Country Estate Kennels liable for any mishaps such as loss, death, illness, injury, fire, theft, etc.

If your pet becomes ill and or injured and you/agent or your emergency contact cannot be reached, your pet will be taken to the Veterinarian Clinic on call with Country Estate Kennels.

Owner/agent or emergency contact, takes full responsibility for all costs incurred at a Veterinarian Clinic and all cost incurred at the Kennel for the treatment and boarding of your pet.

The undersigned owner/agent or emergency contact, hereby authorize the Veterinarian on call with Country Estate Kennels or their own Veterinarian or Country Estate Kennels to treat their pet as deemed necessary by a Veterinarian or by Country Estate kennel staff.

Owners or agents are responsible and liable for all damages caused by their pets, including personal injury to staff and other dogs; this includes all Veterinary costs, kennel costs and lost wages to staff.

I acknowledge and accept the hours of Country Estate Kennels and give permission to Country Estate Kennels to care for my dog/pet for the additional day or days, should I miss the posted hours of operation.

I will pick up my dog at the next available day when the kennel is open to the public. Our hours are posted on our website and in the lobby of the kennel. Pets left 10 days after the departure date without further notification will be disposed of at the discretion of the kennel. This agreement is valid and binding for multiple boarding dates with our repeat clients.

Drop-Off and Pick-Up Times

- Monday to Friday 8:00am – 10:30am or 4:00pm – 5:30pm
- Saturday 8:00am – 10:30am only
- Sunday 4:00pm to 5:30pm only

We do not accommodate clients after hours or when we are closed to the public.

SIGNATURE OF DOG OWNER / AGENT:

DATE:

Signature acknowledges and accepts the boarding agreement, conditions, rates and hours.

PET #2

PET NAME:		BREED:		AGE:	
GENDER:		COLOUR:		NEUTERED/SPAYED	YES NO
Is your dog sociable with other dogs?				YES	NO
<i>PLEASE DESCRIBE YOUR DOG'S GENERAL TEMPERMENT:</i>					
Has your dog ever been aggressive with people or other dogs?				YES	NO
Medication, special needs or health issues?				YES	NO
<i>PLEASE PROVIDE DETAILED MEDICATION, SPECIAL NEEDS OR HEALTH INSTRUCTIONS:</i>					
Leash walks available at \$7/walk. Please indicate how many walks during stay:			Grooming Required?	YES	NO
Feeding Instructions:					
BOARDING RATE PER DAY					
<input type="checkbox"/> SMALL BREED Boarding (\$40) x ____days			<input type="checkbox"/> Holiday Add-On Fee (\$5)		
<input type="checkbox"/> MEDIUM/LARGE BREED Boarding (\$45) x ____days			x ____days		
<input type="checkbox"/> GIANT BREED, SPECIAL NEEDS, PUPPY Boarding (\$50) x ____days					

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VETERINARY CLINIC:		PHONE NO.:	
Vaccination Certificate(s) Provided:			