

Emerald Valley Pet Medical Center
(541) 484-1414



Boarding Contract Form For Dogs

Pet: _____

Sex: _____

Age: _____ years

Color: _____

Breed: _____

Client: _____

Address: _____

Phone Number: () _____ - _____

Today's Date: _____

I <first-name> <last-name>, hereby certify that my pet(s) is in good health, has not been ill with any communicable diseases or parasites in the last 20 days, and has not harmed or shown aggressive or threatening behavior towards any person or any other dog.

1. I understand that Emerald Valley Pet Medical Center will exercise my dog off-leash in an enclosed area to play several times a day. Because of this, there are inherent risks, even when monitored closely. Some of the risks are as follows:
 - a. Transfer of a communicable illness such as, but not limited to "kennel cough", also known as Bordetella virus, or parasites.
 - b. Injuries, such as broken nails, sore pads, puncture wounds, abrasions, and cuts.
2. If health or behavioral problems develop with my dog these will be treated as deemed appropriate by the boarding manager and veterinarians of Emerald Valley Pet Medical Center. I assume full financial responsibility for any and all expenses involved.
3. Emerald Valley Pet Medical Center and its staff will not be liable for any health or behavioral problems that develop in my dog ,and I hereby release and hold them harmless from and against any liability or claims of any kind arising from my dog's attendance and participation at Emerald Valley Pet Medical Center.
4. I am solely responsible for any harm done to the employees of Emerald Valley Pet Medical Center or to the equipment or other property of Emerald Valley Pet Medical Center caused by my dog while my dog is boarding. I will promptly pay for any such damages upon request.
5. I understand that payment is due when services are rendered. If any amounts remain due after 30 days, Emerald Valley Pet Medical Center reserves the right to charge interest at a rate of 1.5% per month until paid. If Emerald Valley Pet Medical Center pursues collections proceedings, I will pay its reasonable attorneys fees and costs of collections.

6. My dog will be assumed abandoned if not picked up by closing time on the day designated for check out to occur, unless owner has given Emerald Valley Pet Medical Center prior actual notice of a legitimate reason that pick-up cannot occur within 30 minutes after closing time. While my dog remains boarded at Emerald Valley Pet Medical Center, even if considered abandoned, the owner shall continue to be financially liable for all boarding and veterinary costs associated with care until proper placement or surrender to a humane organization has been made. Owner understands and agrees that any animal considered abandoned hereunder may be placed or adopted to a third party or surrendered to a humane organization, and owner hereby releases and holds Emerald Valley Pet Medical Center and its employees harmless from and against any liability or claim for placing, adopting out, or surrendering any abandoned animal to any third party or humane organization. In addition, any owner who abandons their pet may be prosecuted and convicted for the crime of animal abandonment pursuant to the terms of ORS 167.340, which is a Class B Misdemeanor, punishable by monetary fines and up to six month in jail.
7. I have received, read, understood, and agree to the terms outlined in this agreement and the boarding check-in form.

Signature of Client/owner: _____

Date: _____

Printed Name: _____

Witness: _____