

Break of Dawn Farm and Kennels, LLC 5803 Charles City Road Henrico, Virginia 23231 Owners: Tom & Nita Mawyer

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Website: www.breakofdawnkennel.com

Breeders of Top-Quality A.KC register companions & Working Retrievers, Labradors (since 1978), Goldens (since 1987) OFA/Cert. Parents

BOARDING AGREEMENT (MULTIPLE DOGS)

Boarding Agreement (M	ultiple pets)			Initials:	Date:
Feed together or separate:	Together	Separate			
How much in co	<u> </u>	1	2 x's a da	y AM and PM	
Will bring own food: Brand:			1 x a day		Л
Feeding Instructions			Feeding Time		
4.		<u>. </u>			
2.					
1.	<u> </u>	<u> </u>	weight	<u> </u>	
YOUR PETS: Pet names	Breed	Color	Weight	Sex Intact	Neutered Spayed
(This will help give an extra box	ost to the Bordete	lla shot)			
If traveling with your dog pleas			H3N8 (1-yeai	r vaccine)	
*Each Pet must have a 72-hou	· · · · · · · · · · · · · · · · · · ·	•			ing to kennel.
Rabies Canine (3-year vaccine) Canine Lepto (1-year vaccine)					
☐ Bordetella (kennel cough)	(Oral annual vacc	ine)	Distemper/	/Corona/Parvo (DAPP) (3-year vaccine)
Shots Required for each dog:	•			•	
*Please provide or have your v		- ' ———		ecords prior to board	ing with us.
City:	State:	Zip:	Fax:		
Address:			Phone:		
Office name:			Doctors	Name:	
VETERINARIAN	og(3) on my benan	ill flori-emergenc	y situations:		
Make decisions for my do	•			Yes No	
Pick-up my dog(s) from b Make decisions for my do			2	☐ Yes ☐ No	
The above-named person is	-			□ Vas □ Na	
Email:		_	F	Relationship:	
Name:	Phon	ie: Home		Cell:	_
Make decisions for my do		_	y situations:		
Make decisions for my do	•			Yes No	
Pick-up my dog(s) from b			2	∐ Yes ∐ No	
The above-named person is	-				
Email:			F	Relationship:	
Name:	Phor	ie: Home		Cell:	
Additional Contact Information	N (OTHER THAN OW	NER(S)) IF APPLICAB	LE		
Email 1:	Email 2:			Other:	
City:	State:	Zip:		Cell 2:	
Address:			Phone	Cell 1:	
Owner 2:			<u>σ</u>	Work:	
Owner 1:				Home:	
Owner(s)					

Eating Habits					
Eats all food at mealtime	Goes for perio	ods without eating			
☐ Nibbles throughout the day	Sometimes re	equires more palatable food to be n	nixed in to e	eat.	
MEDICATIONS					
Pet Name	Medication Name	What time? What	is it for?	Lifetime	Temporary
	_				
SPECIAL BOARDING NEEDS					
☐ Indoor/Climate Control	☐ In/Out Option	☐ Crate(s) ☐ Privat	e yards	P	avilion
Other (please specify):					
Board ALL or Some together	r please be specific				
otherwise they will be boarded	separately:				
GROOMING INSTRUCTIONS					
Pet Name:	Pet Name:	Pet Name:	Pet N	lame:	
Bath & Nails	Bath & Nails	Bath & Nails	E	Bath & Nails	
☐ Bath only	Bath only	☐ Bath only	E	Bath only	
■ Nails only	☐ Nails only	☐ Nails only	r	Nails only	
☐ Ear Cleaning	☐ Ear Cleaning	☐ Ear Cleaning	E	ar Cleaning	
☐ Brush out	☐ Brush out	☐ Brush out	E	Brush out	
☐ Hypo-allergenic	☐ Hypo-allergenic	☐ Hypo-allergenic	H	Hypo-allerger	ic
☐ No Freshener	☐ No Freshener	☐ No Freshener		No Freshener	
Bring own Shampoo	☐ Bring own Shampoo	☐ Bring own Shampoo		Bring own Sha	ampoo
(Please label)	(Please label)	(Please label)		Please label)	
* Hygiene Cut *	* Hygiene Cut *	* Hygiene Cut *		* Hygiene Cu	
	med by a qualified staff pe	rson. Owner(s) <u>must</u> speak with pe	rson perfor	ming this ser	vice before
services can be performed.					
BOARDING AGREEMENT					
	ome ill or seem to need med	lical attention. We reserve the right	t to adminis	ter aid and/o	r use any
		ses incurred shall be paid by the ov			-
boarding/grooming fees listed be	elow.				
Daily boarding charges are based	on calendar days not 24-ho	our periods. Customers agree to no	tify the keni	nel in advanc	e if there are
		ll be released until all charges are p			
		eyond scheduled pick up without a			
		ner is liable for the complete board	_		_
		al(s) listed above. The owner of the ection of any boarding, grooming, c			
of the animal.	ed by the kenner in the com	cetton of any boarding, grooming, e	other end	iges incurred	by the owner
We make every effort to ensure t	the safety and hanniness of	your pet during their stay with us.	lt is your ro		s the owner to
inform us if your pet has EVER ex			it is your re	sponsibility a	s the owner to
			Nieres		
Climbing:	Name:	Escape artist	Nam		
☐ Digging	Name:	Hard to catch/won't co when called			
Hard to handle	Name:		Nam Nam		
Chewing	Name:	Fear of storms/noise sensitivity	INAIII	c. 	
Aggression (toward people or other dogs)	Name:				
Other (Please specify):					

Initials: _____ Date:__

If your dog falls into **ANY** of the categories above, while they may be allowed to exercise in designated play areas **AT YOUR REQUEST**, you must understand that there is a risk involved: if they escape from their play yard and will not come when called or let us catch them, although we will immediately call you for your assistance, we cannot be held responsible if they find their way off the premises.

It is the owner's responsibility to make sure that the kennel facility knows and understands fully any special instructions/needs their dog may have, whether it involves medications, limitation of activity, dog in season, cannot be exercised off-leash, requires private play yard, etc.

If for any reason, your dog needs veterinary care while staying with us, unless otherwise prearranged with your own vet, we will use the veterinarian that services our kennel or an emergency veterinarian on call in an afterhours situation.

We accept checks or cash in payment of our fees. We are not set up to accept any type of credit card.

Boarding Agreement (Multiple pets)

Owner #1 Signature:	Date:	
Print name:		
Owner #2 Signature:	Date:	
Print name:		
COMMENTS/SPECIAL INSTRUCTIONS:		

Initials: _____ Date:___