

ChalQuest Boarding Kennels

Owner(s) _____

Email _____

MOBILE Phone _____

Drop Off Date _____ @ _____ am/pm

Pick Up Date _____ @ _____ am/pm

Office Use Only

Rate: _____

Nights: _____

Canines: _____

Subtotal = _____

Added _____:

Total = _____

Canine #1 (name) _____ DOB/Age _____

Breed _____ Weight _____ Circle: Male or Female | Fixed

Color/markings _____ Microchip # _____

Amount of Food per Meal _____ Allergies _____

Meds (*what/when/how*) _____

Expiration dates of required vaccinations:

Bordetella _____ Distemper/Parvovirus _____ Rabies _____

Canine #2 (name) _____ DOB/Age _____

Breed _____ Weight _____ Circle: Male or Female | Fixed

Color/markings _____ Microchip # _____

Amount of Food per Meal _____ Allergies _____

Meds (*what/when/how*) _____

Expiration dates of required vaccinations:

Bordetella _____ Distemper/Parvovirus _____ Rabies _____

Canine #3 (name) _____ DOB/Age _____

Breed _____ Weight _____ Circle: Male or Female | Fixed

Color/markings _____ Microchip # _____

Amount of Food per Meal _____ Allergies _____

Meds (*what/when/how*) _____

Expiration dates of required vaccinations:

Bordetella _____ Distemper/Parvovirus _____ Rabies _____

Vet _____

Known Issues (*history of bites, chronic medical, etc.*) _____

ChalQuest Kennels and the Owner delivering the pet(s) described here agree that the boarding rate is for each night that the pet is in the care of ChalQuest. Owner agrees to deliver and pick up the pet(s) during normal operating hours: **8am - 6pm Monday-Saturday | 2-6pm Sunday**

ChalQuest Kennels will make every reasonable effort to safely shelter, feed, and care for the well-being of the pet(s) left in our care. This includes regular playtime outside the kennel run, nominal grooming and bathing as necessary, and up to two (2) feedings per day. Owners are required to provide their own food in clearly marked containers. ChalQuest Kennels reserves the right to refuse to accept a pet for boarding if it is in poor health, poor condition, or displays temperament or behavior beyond our ability to safely house and care for the pet.

If, in the sole discretion of ChalQuest Kennels, any pet requires extraordinary care or veterinary attention, those additional costs will be levied. Owner hereby authorizes ChalQuest Kennels to approve veterinary care for any dog in its care up to a cost of \$_____, and Owner agrees to reimburse ChalQuest Kennels for all vet costs incurred on pet's behalf.

ChalQuest Kennels will not be held liable for any injury to or loss of the dog due to escape, self-mutilation, fire, theft, or illness except provided by statutory law where willful negligence can be proven. Payment for all services rendered must be made at the time the pet is released to the owner or owner's agent. Payment may be in the form of cash, personal check, or credit card provided that the account holder named on the check can provide proof of identity. If payment is subsequently refused by the bank or credit company, an additional charge to the full extent allowable under Virginia State Law will be levied. Unclaimed pets will be handled according to the Virginia Animal Law, Procedure 3.1-7. Such disposition does not relieve the owner of any payment responsibilities.

SIGNATURE _____ DATE _____