



## OWNER AGREEMENT

I agree that my dog(s): \_\_\_\_\_ is/are in good health and has/ have not been ill with any communicable condition in the last 7 days. I further agree that my dog(s) has/have not harmed or shown aggressive or threatening behavior towards any person or any other dog. **Initial that you have read and understand the following:**

1. I understand that I am solely responsible for any harm caused by my dog(s) while my dog(s) is/are attending Sam's Kamp K9. \_\_\_\_\_
2. I further understand and agree that Sam's Kamp K9 and their staff will not be liable for any problems that develop, provided reasonable care and precautions are followed, and I hereby release them of any liability of any kind whatsoever arising from my dog's/dogs' attendance and participation at the facility. \_\_\_\_\_
3. I further understand and agree that while my dog(s) are at Sam's Kamp K9, it may be stressful to the pet and will not hold the facility responsible for induced illness, injury, behavior change, weight gain or loss during or after their stay. \_\_\_\_\_
4. I further understand and agree that any problems that develop with my dog(s) will be treated as deemed best by staff of Sam's Kamp K9 in their sole discretion, and that I assume full financial responsibility for any and all expenses involved. \_\_\_\_\_
5. I further understand and agree that payments for services are due upon pickup of dog. Owner shall be liable to Sam's Kamp K9 for all unpaid charges. Pet will not leave Sam's Kamp K9 until all charges incurred during the dog(s) stay have been paid.  
\_\_\_\_\_
6. In the event where a dog is deemed abandoned, the owner will be responsible for boarding fees until a home is found. \_\_\_\_\_
7. **Owner understands the Bordetella vaccine is not 100% effective and dog is at risk for Kennel Cough. Kennel Cough is the canine equivalent of the common cold or flu in humans. Please be aware that the Bordetella vaccine does NOT protect against all strains of Kennel Cough and therefore, it is possible for your dog to contract and show symptoms depending on which strain your dog was infected with.**  
\_\_\_\_\_
8. I give Sam's Kamp K9 permission to socialize with others for playtime. **YES NO**
9. I give Sam's Kamp K9 permission to administer medication to my dog and/or homemade chicken and rice mixture in lieu of dog food in the event he/she has loose stools **YES NO**
10. **Email Address for boarding confirmations:** \_\_\_\_\_

I HAVE READ THIS AGREEMENT ON THIS DATE, UNDERSTOOD ITS TERMS AND SIGNED IT FREELY.

SIGNATURE OF OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

Emergency contact must be available to pick up dog(s) immediately in case of emergency or evacuation. There is a \$500.00 inconvenience charge if emergency contact does not pickup and we have to evacuate with your dog. Please list a **LOCAL PERSON OTHER THAN YOURSELF** that can pick up dog in the event of an emergency or evacuation.

Emergency contact name: \_\_\_\_\_

Emergency contact cell: \_\_\_\_\_

**TO BE FILLED OUT ONLY IF OWNER HAS MULTIPLE DOGS**

-My dogs, \_\_\_\_\_, need to be in separate rooms.

Date: \_\_\_\_\_ Signature of  
owner: \_\_\_\_\_

**-OR-**

-I would like my dogs \_\_\_\_\_, to stay together.

\*Circle yes or no if your dogs need to be separated to eat: **YES**  
**NO**

Date: \_\_\_\_\_ Signature of  
owner: \_\_\_\_\_