



Pet House Suites
659 Falmouth Street
Warrenton, VA 20186
(540) 347-7875

Thank you for giving us this opportunity to care for your pet. Please help us meet our needs better by taking a moment to complete **both** sides of this information sheet.

Date _____
 Owner's Name Last _____ First _____ Spouse/Co-owner _____
 Address _____ City _____, State _____
 _____ Zip Code _____
 Home Phone # _____ Cell Phone # _____
 Work Phone (Husband)# _____ Employer _____
 Work Phone (Wife)# _____ Spouse's/Other's Employer _____
 Emergency Number other than Home or Work Number: _____
 Pet's regular veterinarian _____ Phone# _____
 How did you first hear of us?
 Yellow pages _____ Individual: someone we may thank? _____
 Sign _____ Other _____

This Contract contains the entire agreement between the parties. All terms and conditions of this contract shall be binding on the heirs, administrators, personal representatives, and assigns of the owner agent and Pet House Suites ("The Kennel").

The owner/agent agrees to pay the rate for boarding in effect on the date the pet is checked into the kennel.

Owner /agent further agrees that the pet shall not leave the kennel until all charges are paid. By signing this contract and leaving his pet with the kennel, owner certifies to the accuracy of all information given about said pet(s) on contract.

Kennel shall exercise reasonable care for the pet while boarding . It is expressly agreed by owner and kennel that Kennel's liability shall in no event exceed the lesser of the current chattel value of a pet of the same species or sum of \$250 per animal boarded. The owner further agrees to be solely responsible for any and all acts or behavior of said pet while it is in the care of the kennel.

If your animal becomes ill or injured while in the care of the kennel, the kennel shall provide the animal with emergency veterinary treatment for the illness or injury. The consumer shall bear the responsible and necessary costs of emergency treatment for any illness or injury occurring while the animal is in the custody of the boarding establishment unless the injury resulted from the establishments failure whether accidental or intentional, to provide the care required. The boarding establishment shall not be required to bear the veterinary costs for injuries resulting from the animals self mutilation.

All charges shall be paid upon pick up. However for longer stays I authorize Pet House Suites to use my credit card to keep the balance paid up every two weeks.

Returned checks will be charged a \$35.00 fee plus all collection fees. I authorize Pet House Suites to cover any bad checks with my credit card.

Any controversy or claim arising out of or relating to this contract, or breach thereof shall be settled by arbitration in accordance with the rules of the American Arbitration Association, and

judgment upon the award rendered by arbitrator may be entered in any court having jurisdiction thereof. The arbitrator shall, as part of his award, determine an award to the prevailing party of the costs of such arbitration and reasonable attorney's fees of the prevailing party

Pets left 10 days after the checkout date shall be subject to a lien. The kennel shall exercise its rights after 10 days by notifying owner in writing by certified mail and the kennel may dispose of said pet by public or private sale for any unpaid charges, however all unpaid charges are the sole responsibility of the owner, up to and including all legal fees incurred by such actions.

Client signature: _____ Date: _____

Pet Information

1. Pet's Name - _____ Dog Cat Other _____

Breed (best guess if not sure): _____ Date of birth or approximate age: _____

Color: _____ Male Female Has pet been neutered/spayed? Yes No

Medical problems (previous/ ongoing) / Medications / Seizure disorders/ Allergies:

2. Pet's Name - _____ Dog Cat Other _____

Breed (best guess if not sure): _____ Date of birth or approximate age: _____

Color: _____ Male Female Has pet been neutered/spayed? Yes No

Medical problems (previous/ ongoing) / Medications / Seizure disorders/ Allergies:

3. Pet's Name - _____ Dog Cat Other _____

Breed (best guess if not sure): _____ Date of birth or approximate age: _____

Color: _____ Male Female Has pet been neutered/spayed? Yes No

Medical problems (previous/ ongoing) / Medications / Seizure disorders/ Allergies:
