

# Von Aries Kennels

## Boarding, Grooming & Training LLC.

1524 Hathaway Road  
Fort Wayne IN, 46845

Owners Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate \_\_\_\_\_

Pet name: \_\_\_\_\_ Breed \_\_\_\_\_ Sex: \_\_\_\_\_ Age \_\_\_\_\_ Spayed/Neutered

Feeding Amount: \_\_\_\_\_ Medications: \_\_\_\_\_

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Feeding Amount: \_\_\_\_\_ Medications: \_\_\_\_\_

Preferred Vet \_\_\_\_\_ Vet phone number \_\_\_\_\_

## Contract

Our establishment agrees to exercise due and reasonable care and keep the premises sanitary and properly enclosed. Your pet will be fed, watered regularly, and housed in safe clean quarters.

All pets are expected to have written documentation of current vaccinations including Bordetella (Kennel cough). If fleas are discovered, the animal must be treated before the animal can be boarded. A capstar tablet will be administered by a staff member of Von Aries Kennel at owner's expense.

The services we provide are done so without liability for loss or damage from disease, death, running away, theft or fire, and from injury or damage done by your pet to people, other animals, or property, or unavoidable causes. Due diligence and care has been exercised.

Should any pet become ill or need medical attention, we reserve the right to administer aid and to render care by your logical designated veterinarian, if available. Any expenses incurred, being reasonable in amount, shall be paid promptly by the owner.

No pet will be released until all charges are paid in full or other arrangements satisfactory to our kennel have been made. The customer agrees to notify us in advance if there is any change in the pet's pick up date. Any pet left unclaimed for seven days from the scheduled date of pickup, as noted herein shall become the property of the kennel and may sold, given away, or disposed of.

The owner of this pet or his agent agrees to pay reasonable legal fees and costs incurred by the kennel in the collection of outstanding bills.

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Owner of Agents Signature \_\_\_\_\_ Date \_\_\_\_\_