



# ACE DOG

TRAINING • KENNEL • SPORT COMPLEX

Date In: \_\_\_\_\_

Date Out: \_\_\_\_\_

Time: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age/Sex: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age/Sex: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Feeding Instructions: \_\_\_\_\_

Medications: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Belongings: \_\_\_\_\_

## Boarding Waiver

_____ Boarding <del>\$45</del> /night	\$ _____
_____ Additional Dog in Same Room <del>\$30</del> /night	\$ _____
_____ 4 Week Basic in board training <del>\$2750</del>	\$ _____
_____ Additional week training <del>\$700.00</del>	\$ _____
_____ Pond <del>\$15</del> /Dog	\$ _____
_____ One Day Board/Train <del>\$125</del>	\$ _____
_____ One Week Board/Train <del>\$750</del>	\$ _____
_____ Bath/Nails/Groom _____	\$ _____

SEE WEBSITE FOR PRICING

Total charges Board & Train \$ \_\_\_\_\_

Deposit \$ \_\_\_\_\_

Balance Due \$ \_\_\_\_\_

I, \_\_\_\_\_, certify that I am the owner of this pet, and I grant permission to ACE Dog to obtain, on my behalf, and in my pet's best interest, ANY veterinary care necessary to treat illness or injury. I agree to pay all veterinary and other necessary services incurred by, and for, my pet during its stay in this facility.

This facility agrees to exercise all due and reasonable care to prevent injury or illness to my pet. However, in the event of illness or injury, the owners and employees of this boarding facility shall not be held personally liable for such injury or illness.

I agree to pay all charges the day I pick up my pet. I understand that my pet may not leave the premises until all charges are paid in full. I understand that any animal left for ten days beyond the estimated date of pick-up will be considered abandoned.

Customer: \_\_\_\_\_ Facility Manager: \_\_\_\_\_ Date: \_\_\_\_\_



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# Membership Form

Name of Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

## TYPE OF MEMBERSHIP

Monthly Date: \_\_\_\_\_

DOCK Limited \_\_\_\_\_ Unlimited \_\_\_\_\_

AGILITY Limited \_\_\_\_\_ Unlimited \_\_\_\_\_

BOTH Limited \_\_\_\_\_ Unlimited \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_