

FIRST FRIEND K-9

12401 Reynolds Dr.



TRAINING SERVICES

Fishers, IN 46038

www.firstfriendk9.com

317-842-4199

firstfriendk9@yahoo.com

Boarding Menu of Services and Health Agreement

of Days

- _____ \$ 3.50 x _____ Daily Frosty Paws
- _____ \$ 7.00 x _____ Playtime Walk - 15 Minutes
- _____ \$10.00 x _____ Playtime Walk with cookie and ice cream (Frosty Paws)
- _____ \$ 5.50 x _____ 2nd Playtime Walk
- _____ \$ 5.50 x _____ Peanut Butter filled Kong or Natural Bone (based on your dog's chewing habits)
- _____ \$15.00 x _____ Fitness Special I - 15 minutes of agility and/or fetch
- _____ \$15.00 x _____ Fitness Special II – 15 minutes on treadmill
- _____ \$10.00 x _____ Daily Brushing – 15 minutes
- _____ \$16.00 x _____ Daycare - (or package price)
- _____ In Kennel Training (daily and weekly rates)

Boarding/Training/Health Agreement

Please allow my staff and I to thank you for choosing First Friend K9 Training for your boarding and/or training needs from _____ to _____. I have provided proof that my dog(s) _____ is/are current on his/her bordetella, distemper, and rabies vaccines.

The owner authorizes emergency care to be provided by owner's veterinarian and/or Parkside Animal Hospital. I will accept full responsibility for expenses thus incurred. First Friend K9 Training assumes no responsibility for any veterinary charges incurred for illness, injury, or demise during my pet's stay.

My pet receives medicine on _____ days of the week _____ times per day.

Any medicine dispensed to a dog will have a daily charge incurred of \$2.00 to be paid at the time of pick up.

Boarding charges are by the day. Any pick up after 2pm will constitute an additional daily charge, not to include In Kennel Training private lessons at the time of pick up.

I have read and understood the aforementioned.

Owner: _____ Date: _____

SIGNATURE

PLEASE PRINT NAME