

Buol's Boarding Haus
65681 169th Avenue
Wabasha, MN 55981
PH 651-565-2180 – CELL PH 651-380-7697

Email – Vacation@BuolsBoardingHaus.com
Website – www.BuolsBoardingHaus.com

Name of Dog _____ Age _____

Breed _____ Sex _____ Neutered / Spayed -- YES NO

Owner(s) _____

Street Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Cell Number _____ Include Area Code

Emergency Contact _____ Phone _____

Veterinarian _____ Phone _____

Medications/Instructions _____

Feeding Schedule _____ Amount / Feeding _____

Special Instructions _____

Vaccination & Kennel Cough Dates _____
Rabies _____ DHLPP _____ Bordetella _____

Do you want your pet socialized with other pets? _____ Has pet ever bitten? _____

This contract between Buol's Boarding Haus and the pet owner whose signature appears below agrees:

1. Pet owner agrees to pay the boarding charges incurred prior to animal leaving the kennel.
2. Kennel will provide care and comfort to the pet and will provide lodging, food (either that which you provide or our standard food), treats, exercise and a clean and healthy environment to make your pet's visit as happy as possible.
3. If your pet would become ill while in our kennel and would require veterinarian care, we will contact our local Vet Services. The expense of any vet service would be the responsibility of the pet owner.
4. In the unlikely event that pet owner would fail to return to pick up the pet and would fail to make other arrangements for the pet, the kennel may exercise the right to make alternative arrangements. The cost of the time the pet remains at the kennel will be the responsibility of the owner and also any court costs that may be incurred to resolve any issues.

Owners Signature _____ Date _____

Kennel Rep's Signature _____ Date _____