



Country Hills Dog Resort LTD Contract

2725 Auburn rd #200, West Kelowna, B.C. V1Z 3H7

604-374-7440

www.countryhillsdogresort.ca



Name: _____ Phone Number: _____

Address: _____ City, State, Zip Code: _____

Email Address: _____

Pet Name	Weight	Age	Breed	Gender	Colour/Markings	Spayed/Neutered

1. Does your pet have any allergies? Yes No If yes, please list: _____

2. Is your pet on any medications? Yes No If yes, please list medications and dosages: _____

3. Has your pet ever shown aggressive behavior? Yes No If yes, please describe: _____

4. Does your pet have any special needs or require any special care? Yes No If yes, please describe: _____

5. Is your pet house-trained? Yes No 6. Does your pet get along with other dogs? Yes No

7. Is your pet crate-trained? Yes No 8. What is your pet's feeding schedule and dietary requirements? _____

Medical Information Veterinarian Clinic Name: _____

Veterinarian Name: _____ Clinic Address: _____

Phone Number: _____ Emergency Contact Information: _____

Vaccination Records Distemper and Parvo Combo (Date Administered): _____

Rabies (Date Administered) _____ Kennel Cough (Date Administered): _____

(Bordetella)

Please Initial All Points Below

Your Initials

Release of Liability: I, the undersigned, hereby release and hold harmless Country Hills Dog Resort Ltd, its directors, officers, agents, and employees from any and all liabilities, financial or otherwise, for injuries to myself, my pet, or any property of mine which arise in any way from services and/or products provided by or as a consequence of my association with Country Hills Dog Resort Ltd. I acknowledge that dogs are unpredictable in behavior and may cause damage to property, persons, and other dogs. I agree to be solely responsible for any and all acts or behavior of my pet while in the care of Country Hills Dog Resort Ltd.

Payment Agreement: I agree to pay all fees associated with the services provided by Country Hills Dog Resort Ltd. I understand that a 50% deposit is required to secure a reservation and that full payment is due at the time of drop-off. I acknowledge that cancellations must be made in accordance with the policy outlined in this contract to receive a refund. I understand that any additional charges incurred during my pet's stay will be paid upon pickup.

Terms and Conditions: By signing this contract, I acknowledge that I have read, understood, and agree to all terms and conditions set forth by Country Hills Dog Resort Ltd.

Emergency Care: In the event that your pet requires immediate medical attention, all efforts will be made to reach you for proper care. If you cannot be reached, Country Hills Dog Resort Ltd requires authorization to take your pet to an emergency veterinarian.

Vaccinations: Bordetella (Kennel Cough), Rabies, DHLPP (Distemper, Hepatitis, Parainfluenza, and Parvovirus) Proof of current, up-to-date vaccination certificates is required, along with any other relevant information regarding the pet(s).

Terms: Country Hills Dog Resort Ltd. requires a 72-hour notice for cancellations from the original check-in date during the regular season and a 7-day notice from the original check-in date during peak season to receive a deposit refund. Failure to provide notice will result in full payment for the entire length of the stay. Refunds will be subject to a 5% service, POS, and admin fee. Peak season includes all statutory holidays and select two-week periods in March/April and December.

Signature: _____ Date Signed: _____