

## MILL POND KENNEL LLC. - GENERAL CONTRACT

This agreement is between Mill Pond Kennels, LLC and \_\_\_\_\_ (client name) for the purpose of training \_\_\_\_\_ (dog name) for gun dog purposes.

Outlined below are the standard terms applicable to this agreement.

1. Liability
2. Care
3. Monthly Fees & Billing

### Section 1 - Liability

I understand and agree that the training, boarding, traveling, and handling of my dog will expose the dog to various environments and activities that may be dangerous. Having acknowledged the fore mentioned exposure to danger I hereby release and hold harmless Mill Pond Kennels, LLC and any or all of his representatives, affiliates, or the like from any liability as a result of loss or harm to the dog due to, but not limited to, the following:

- Prior injuries or illness; Injures as a result of training; Injuries or illness as a result of natural causes; Injuries or illness as a result of traveling in a vehicle or underway; and / or injures or illness as a result of any type of activity usually associated with the training, boarding, transporting, handling of a live animal, escape, theft, weather, and negligence.

This document does not exclude Mill Pond Kennels, LLC or affiliates from demonstrating and practicing the utmost care for safety of the referenced animal.

### Section 2 - Care

Client agrees to vaccinate or have vaccinated his/her dog for canine diseases before placement in my training program. Proof of fulfillment for the vaccination requirement via veterinary documentation is mandatory to this agreement.

The trainer will regularly inspect the dog for sickness, disease and/or injuries. The trainer shall obtain and cause veterinary care to be provided to the dog if in its judgment such care is required under the circumstances. Client agrees to cover any and all expenses related to emergency and or routine veterinary visits required for client's dog during and after my care. If trainer's veterinary service is used, client does agree to set up an account with trainer's veterinary service. If client's veterinary service is in reasonable distance, it will be used.

Client agrees to provide monthly Heartworm Preventive and Flea & Tick Preventive medications for the duration of its stay at the time of drop off and replace if needed.

### Section 3 - Rates and Billing

- Training fees are \$450 per month and are due based on the day of drop off. First months payment is due at time of drop off. Payment is expected and client agrees to pay within 7 days of due date.

In the event, payment is not received within 7 days of due date, training will cease until payment is received, and a boarding fee of \$5.00 per day will be assessed in addition to the monthly training fee starting on due date. NSF charges are \$25.

- While client's dog is in training, the client will be billed for the training month in its entirety regardless if the dog is taken home for periods of time for whatever reason (except medical reasons). If client wishes to remove his/her dog from the training program, the removal must be done prior to the start of another training month.
- The trainer will provide all birds, poppers, shotgun shells, blanks, and propellants for training.

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**TODAYS DATE:** \_\_\_\_\_

**CLIENT SIGNATURE OF ACCEPTANCE:** \_\_\_\_\_

**TRAINER SIGNATURE OF ACCEPTANCE:** \_\_\_\_\_

Received:

Yes	No	~	Completed Information Sheet	(Page 3)	
Yes	No	~	Copy of Current Vet Record		
Yes	No	~	1st Months Training Fee	Agreed Due Date:	_____
Yes	No	~	Heartworm Prevention Tablets	Day Given:	_____
Yes	No	~	Flea & Tick Preventive	Day Given:	_____

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Information Sheet**

Date \_\_\_\_\_

**Client**

Dog's Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_

Owner's Name \_\_\_\_\_

Owner's Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Emergency Contact Information \_\_\_\_\_

**Health**

Current Veterinarian \_\_\_\_\_ Date Yearly is Due \_\_\_\_\_

Vet's City or Town \_\_\_\_\_ Vet's Phone \_\_\_\_\_

Any Known Health Problems \_\_\_\_\_

Any Special Medications \_\_\_\_\_

**Food**

Feeding Schedule \_\_\_\_\_ Brand of Food \_\_\_\_\_ Amount fed in cups \_\_\_\_\_

*(Note: Puppies to 18 months will be feed Purina Puppy Chow - 18 months and older will be feed Purina One Adult)*

**Training**

Current Skills

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Skill level anticipated at the end of the training session.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_