



# Southwood Springs K9, LLC Boarding Contract

8482 FM 537 Floresville TX 78114

Phone: 830-391-9329 · E-mail: [southwoodspringsk9@gmail.com](mailto:southwoodspringsk9@gmail.com)

**This is a contract between Southwood Springs K9 LLC. (SSK9) and the Pet Owner, or his agent.**

All dogs are boarded, or are otherwise handled or cared for, by SSK9 staff without liability on SSK9's part for loss or damage from disease, theft, fire, death, escape, injury or harm to persons, other dogs or property by said dog(s), or for other unavoidable causes, due diligence and care having been exercised.

Owner, or his agent, understands and agrees that **dog(s) picked up after 11:00 am shall be charged for a full day's board.**

If the pet(s) become ill, or if the state of the animal's health otherwise requires professional attention, SSK9, in its sole discretion, may engage the services of a veterinarian of its choosing, or administer medicine, or give other requisite attention to the animal, and the expenses thereof shall be paid by Owner or his agent.

No boarding animal will be released until all charges are paid in full, by **cash or check only**. Owner, or his agent, shall remain liable for complete boarding bill as well as all other charges incurred in the care and maintenance of said animal as listed below. Any animal not picked up by 10 days after contract end date will be considered abandoned, and become property of SSK9.

Owner, or his agent, agrees to pay for reasonable attorney's fees incurred by this boarding facility in the collection of any boarding, grooming, daycare, or other charges incurred by the owner of the animal.

**It is understood by SSK9 and Owner, or his agent, that all provisions of this Contract shall be binding upon both parties thereunto for this visit and for all subsequent visits.**

\_\_\_\_\_  
Owner or agent of pet

\_\_\_\_\_  
Date

\_\_\_\_\_  
Southwood Springs K9 representative

\_\_\_\_\_  
Date



# Southwood Springs K9, LLC

## Customer Information

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### Owner Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone 1 \_\_\_\_\_ Work Phone 2 \_\_\_\_\_

Cell Phone 1 \_\_\_\_\_ Cell Phone 2 \_\_\_\_\_

.....  
Emergency Contact (*someone not traveling with you*) \_\_\_\_\_ Relationship \_\_\_\_\_

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

.....  
Email Address (*we do not share email addresses*) \_\_\_\_\_

.....  
How did you hear about SSK9? \_\_\_\_\_

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