Cell (406) 860-1654

Owner's Name:	Date:				
CAT'S NAME					
DOG'S NAME:			-		
Breed:			If Female	– Date Due	
SHOTS: Parvo	Lepto	PERSONALITY – Sh	ny	_ Bold	Fights
Distemper Hep	Rabies	Veterinarian			
PHYSICAL DEFECTS:		TRAINING:			
		Obedience			
KENNEL CONDITIONS AT HOME:					
Inside Outside H	Heated				
GENERAL REMARKS:					_
, undersigned owner or agent of above dog or	cat, do hereby agree	that LEONARD HOUSER and family, an	d/or THUNDE	R RIDGE KENNEI	.S, and/or employees are
not responsible for my dog or cat's health (such	as illnesses, disease	internal condition, etc.); accidents (suc	ch as cuts, scra	atches, bites, bro	ken bones); loss (such a
disappearance, runaway, death, fire, theft, etc.	.); through transporta	ation or otherwise, on or off the prem	ises at 4210 F	liway 312 East. I	Payment shall be due or
discharge or monthly. Balance overdue to 30 da	ays shall bear interes	t at 1 1/2% per month on unpaid balar	nce. If my acco	ount should be p	laced in the hands of a
attorney for collection or if suit shall be brought	t to collect my accour	nt, I promise to pay a reasonable attorno	ey fee and all	collection costs.	"I grant to Thunder Ridge
Kennels a security interest in the above animal	ls(s) for boarding and	d/or training with a right to deficiency	and to cooper	rate in the trans	fer of AKC registration to
Thunder Ridge Kennels upon its execution of th	ne security interest."	Animals left over 20 days without conta	act from the o	wner shall be co	nsidered abandoned and
may be disposed of as Thunder Ridge Kennels se	ees fit.				
		Signed:			
RATES:	per day				
Board	per mont	h Address:			
Training	per mont	h Home Phone:		Office:	