

Handler / Client Contract

Client Name: _____ Date _____

Address: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____

E-Mail: _____

THE HANDLER agrees to give all the animals full care and to provide proper food and safe, clean quarters while it is in his charge. The handler further agrees to notify the owner if the animal should become injured or ill.

THE OWNER authorizes the handler to consult any veterinarian available should medical attention be required. Any services rendered by the veterinarian shall be at the **OWNER'S** expense. (____ Initial)

ALL ANIMALS left in our care are covered by a complete care, custody and control insurance policy, bound by the terms and conditions contained therein. To have your dog individually insured, contact Classic Insurance directly.

THE OWNER assumes all responsibility for executing entries, unless other arrangements have been made between **HANDLER** and **CLIENT**. The owner further agrees that any cancellation made by him/her must be done prior to the close of entries. Regular handling fees will be due and payable on any cancellation made by the owner after close of entries. (____ Initial)

THE OWNER represents that he/she is the owner of the animal and that all amounts due and owing the handler under this contract will be due upon receipt of the statement. **A SERVICE CHARGE** of 1 1/2% per month will be charged on **ANY** balance 30 days past due. The owner further agrees to pay any and all reasonable attorney's fees and court costs should this action become necessary to collect any indebtedness.
(____ Initial)

RETURNED check fee is \$25.00. A deposit of \$500.00 is required for all dogs booked for four or more shows or left in our care. The deposit will be credited to the Final Bill only. Dogs are not shipped or released until the bill is paid in full. (____ Initial)

THE OWNER acknowledges receipt of a complete price list of all charges. (____ Initial)

THIS AGREEMENT IS BINDING AT ANY TIME, FOR ANY ANIMAL OWNED BY THE ABOVE NAMED PERSON, THAT IS LEFT IN THE HANDLER'S CARE.

Bruce or Tara Schultz, Handler

Date

Owner's Signature

Date



Bruce & Tara Schultz

5540 San Miguel Rd. • Bonita CA 91902 • (951) 314-8357 • Fax (619) 267-1440