



Michael F. Blanchard, PHA
 Professional Handler of Quality Show Dogs
 1603 Elizabeth Dr.
 Parker, Colorado 80138
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Agreement

Between Michael F. Blanchard (handler) and

Owner's Name: _____

Phone Number: _____ email: _____

Owner's Address: _____

___ I have received and read all fees and conditions set forth in the **Rate Card** and agree to pay all fees and associated penalties. Payment for services is due within 30 days after the show date.

Legal Exemption from Liability for Damages, and Indemnification

___ The handler or his agent/assistant will provide reasonable care, custody and control, and housing of the client dog(s); maintain sanitary and secure quarters; a safe and comfortable show and travel environment; and properly feed, water and exercise the dog while in their possession. For the time that the client dog(s) is in the possession of the handler or agent/assistant, the owner/responsible party of the dog will absolve and hold harmless the handler or their agent/assistant from any responsibility for damage or other liability arising from their involvement with the dog. This save harmless includes, but is not limited to, harm (to), loss (of) or death occurring to the dog(s) from any cause including disease; bloat; theft, escape; or injury from other persons, dogs or property.

The owner/responsible party of the dog(s) agrees to indemnify the handler or their agent/assistant for any and all loss, damage, or liability caused by the dog while in their care, custody or control. This includes, but is not limited to, injury inflicted by the dog(s) on other animals, on the handler or their agent/assistant, on the owner or responsible party, or on any other a third-party.

It is clearly understood by the parties to this agreement that the handler or their agent/assistant shall not be legally liable or responsible to the dog(s) owner or responsible party for any act committed by the dog(s), regardless of circumstance. Further, the owner or responsible party of the dog(s) agrees to indemnify the handler, their agent/assistant and/or any third-party for any loss, damage or liability brought about by their dog(s).

___ I authorize any **veterinarian care** for my dog while in the possession of Michael F. Blanchard (or any of his assistants/agents) if required. I am responsible for all costs of care provided.

Signed: _____ Date: _____

Upon reading the Rate Card, liability exclusion stipulations, and veterinarian care authorization conditions, place your initial in the space provided to the left of the paragraphs. Sign your name and place the date at the space provided at the bottom. Return this form to Michael F. Blanchard. No dogs will be accepted for handling assignment until this form is filled out and returned.