



**PROFESSIONAL
HANDLING AGREEMENT**



CLIENT NAME: _____ PHONE: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

EMAIL ADDRESS: _____

THE CLIENT(S) authorize the handler to consult any veterinarian available should medical attention be required any services by such veterinarian shall be at owner's expense. The client(s) shall provide copies of vaccinations. (_____/initial)

THE CLIENT(S) assume all responsibility for executing all entries, unless otherwise arranged with handler. If handler executes entries, additional charges will apply (see price sheet). The client(s) further agrees any cancellation made by him/her must be done prior to the closing date of entries. Regular handling fees will be due and payable to the handler for any cancellations made by the client (s) after the closing of entries. The client(s) authorize handler to obtain suitable handling services, due to ring conflicts, and further understand that client(s) are responsible for payment, in case such conflict arises.(_____/initial)

THE CLIENT(S) represent that s/he is the owner of the animal and that all amounts due and owing the handler under this contract will be due upon receipt of statement. Interest at the rate of 1.5% per month will be charges on any balance 30 days past due. The client(s) further agrees to pay reasonable attorney fees and court costs, should this action become necessary to collect any past due accounts incurred by client(s). (_____/initial)

NO liability will be assumed by handler beyond giving client(s) dog all reasonable care and control. Client acknowledges that dog is not insured by handler against loss. Any suit brought to enforce this contract, shall be brought in Kent, WA. (_____/initial)

THE CLIENT(S) hereby stipulates and attest that client(s) have the power and authority to enter into this contract on client(s) behalf of any other party involved in the ownership or co-ownership of the dog(s). (_____/initial)

RETURNED CHECK fee is \$35.00 per occurrence, plus any other applicable banking fees associated with said returned check. A deposit is required for all dogs left in my care or booked for four or more show days. Dogs will not be shipped home until the BILL IS PAID IN FULL. (_____/initial).

THE CLIENT(S) acknowledges receipt of complete price list and agrees to all rates and charges, and agrees to provide handler with signed & notarized Power of Attorney. (_____/initial)

THIS AGREEMENT IS LEGAL AND BINDING ANY TIME ANY ANIMAL OWNED BY THE ABOVE-NAMED PERSON(S) IS LEFT IN THE HANDLER'S CARE.

Luke Baggenstos, Handler Date

Owner Signature Date

Signed Handling Agreement & Power of Attorney Must Be On File Prior To Services Rendered

**12605 SE 282nd Street Kent WA 98030
(503) 409-7449 lbaggenstos@hotmail.com**