

# Greater Mid-Ontario Doberman Fanciers

## Rental Agreement

The Greater Mid-Ontario Doberman Fanciers (GMDF), hereby known as the **Lessor**, agrees to rent a Holter heart monitor and accessories, listed below to:

(Name of Lessee) \_\_\_\_\_ . Hereby known as the **Lessee**.

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License Number & Expiry: \_\_\_\_\_

This agreement is for the period commencing: \_\_\_\_\_ to \_\_\_\_\_

**Minimum cost: Non member \$100. GMDF Member: \$70.00**

**Additional Dogs Non member \$15 GMDF Member: \$7**

## Terms & Conditions

1. The lessee is responsible for all loss or damage to the equipment. (digital monitor valued at \$900US, lead wires \$75US, vest \$200US)- do not leave dog unsupervised!
2. The lessee shall maintain the equipment in such a manner to reasonably protect from damage, loss or theft. And protect from soil, deterioration and weathering.
3. The rental period is for 5 days ( 7 days if doing 3 dogs) from the time of receiving the holter. Additional days will be billed at \$10/day.
4. The lessee is responsible for the cost of shipping the holter both ways.
5. The lessee is responsible for assuring the monitor stays correctly hooked up.
6. Upon completion of this agreement the recording flash card will be returned to the lessor, who will transmit the data to Albamedical within 72 hours. All interpretation is done by Albamedical and emailed to the lessee only. Lessee is responsible for assuring they have registered a valid credit card with Albamedical to pay for the reading and interpretation of their dog's data.

## The above rental has been authorized on behalf of the Lessor by:

Signature of Lessor's agent: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Lessor's agent: E. Numbers Title: GMDF president

The undersigned hereby confirms the contract particulars as noted above, subject to the terms and conditions which form a part of the agreement. This offer when accepted by the lessor constitutes and legal and binding agreement.

Signature of Lessee" \_\_\_\_\_ Date: \_\_\_\_\_

Name of Lessee: \_\_\_\_\_ CKC #: \_\_\_\_\_

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