Kamp K9, LLC Service Agreement

**333 Briarwood Dr., Winter Park, Florida 32789 - (678) 362-9803 brian@kampk9.com**

 Primary Contact Name

 Secondary Contact Name

Address

 City State Zip Code

 Home ( ) \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_ Cell ( ) \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_

 Work ( ) \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_ Cell 2 ( ) \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_

 E- Mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PET INFORMATION

**This agreement is for the care of those pets listed below. A Service Agreement, Individual Identification Card and current vaccination records must be provided for each pet listed below before reservations for services can be scheduled.**

|  |  |  |
| --- | --- | --- |
| **Pet Name**  | **Breed**  | **Age Color Sex (Spayed / Neutered)**  |
| **Pet Name**  | **Breed**  | **Age Color Sex (Spayed / Neutered)**  |

 **Pet Name Breed Age Color Sex (Spayed / Neutered)**

 **Pet Name Breed Age Color Sex (Spayed / Neutered)**

# EMERGENCY CONTACT

**AN EMERGENCY CONTACT MUST BE SOMEONE OTHER THAN YOURSELF.** In the event of an emergency, in which you cannot be contacted, you grant your Emergency Contact full authority to make decisions concerning the care and medical treatment of your pet/s. You convey full authority for Kamp K9, LLC. to make emergency decisions concerning your pet/s if we are unable to reach you or your Emergency Contact or no Emergency Contact is provided. In the case of an emergency requiring a facility evacuation, you or your Emergency Contact must be available to promptly pick up your pet/s. You consent your pet/s may be released to the care of your designated Emergency Contact.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_

Contact Name

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_

Contact Name

 **CARETAKER INFORMATION**: You give permission for your pet/s to be released to the following Caretaker/s:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Caretaker Caretaker

 **Emergency Contacts / Caretakers must provide photo identification before any pet is released into their care.**

 **Veterinarian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_**

 **Clinic Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_**

#  LEASH POLICY

**You are required to control your pet at all times, on a leash or in a carrier, when entering and exiting any Kamp K9, LLC Property. You are solely responsible for your pet’s behavior and any damages or injuries resulting from your pet’s actions.**

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#  OVERNIGHT KAMP

Overnight Kamp is when a pet remains in the facility overnight. Overnight Kampers enjoy their day in appropriate supervised play. Overnight Kamp fees are charged by the night. Fees are posted at our front desk. Pricing is subject to change. We recommend bringing the following items for your pet/s when boarding:

* **FOOD -** Adequate supply of your pet’s food for the duration of the stay accompanied with feeding instructions. **If food is not provided you may purchase food or meals will be provided to your pet at a rate of $1.00 per meal.**
* **MEDICATION -** Adequate supply of medication for the duration of the stay accompanied with instructions. Provide any treat or enticement your pet may require for administration of oral medication (i.e. pill pockets, cheese). **If an enticement is required but not provided you may purchase a bag of pill pockets or pill pockets will be provided to your pet at a daily rate of $1.00.**
* **BEDDING / BOWLS -** We provide bedding and bowls - so you don’t have to pack these items. **Kamp K9, LLC is not responsible for damage or loss of any belongings.**

Kamp space is limited. We recommend making all non-holiday Kamp reservations at least two (2) weeks in advance of desired Kamp dates. We recommend making summer vacation / holiday Kamp reservations at least six (6) weeks in advance of desired Kamp dates.

**All Holiday Overnight Kamp Reservations require an advance deposit.** Holiday deposits are refundable up to 14 days prior to the holiday for which they are made. Overnight Kamp Reservation Deposits become non-refundable / non-transferable within 14 days prior to the holiday for which the reservation is made.

**Overnight Kamp Reservation Wait List -** In the event our Kamp is full we will begin a reservation wait list. **If you elect to be placed on a**

**Overnight Kamp Wait list – this does not guarantee an accommodation will become available.** Only when a confirmed reservation is cancelled can we offer a client on the wait list an accommodation.

We reserve the right to change your pet’s Kamp accommodation to protect the health and well-being of your pet/s, other pets or our staff. Rate charges may apply.

**Kamp K9, LLC is not an animal hospital / clinic. We will only administer medication as prescribed by a veterinarian. If your pet requires extensive medical care or treatment, we strongly recommend finding accommodation with a veterinarian or animal hospital / clinic. We reserve the right to refuse service to any pet with any medical condition.**

#  DAY KAMP

Day Kamp is a supervised exercise activity in which pet/s are allowed to exercise and interact with our staff and other pets. You knowingly give full consent allowing your pet/s to participate in Day Kamp.

All pets involved in group Day Kamp must be spayed or neutered, of good nature (display no aggressive tendencies), in good health and free of any injuries, bandaging, sutures, stitches, etc. We reserve the right to change your pet’s Day Kamp activities to protect the health and well-being of your pet/s, other pets or our staff.

Participation in Day Kamp will expose your pet/s to exercise and interaction with other pets which could result in injury or illness to your pet/s. You fully acknowledge and understand the inherent risks involved in allowing your pet/s to participate in Day Kamp and give your full consent allowing your pet to participate in Day Kamp. You accept all risks involved with your pet/s participating in Day Kamp and agree that Kamp K9, LLC. is not liable for any injuries or illnesses resulting from your pet/s participating in Day Kamp. You are responsible for all costs for illness or injury resulting from your pet/s participating in Day Kamp. You are responsible for all material costs/damages to Kamp K9, LLC. resulting from your pet/s participating in Day Kamp.

Advanced Day Kamp may be purchased in the form of Packages. Advanced Day Kamp Packages expire two years from date of Package purchase. Day Kamp Packages are non-transferable and non-refundable.

**Day Kamp Waitlist -** Day Kamp is in high demand and most days are fully booked with regular reoccurring appointments. All requests for reoccurring or occasional reservations are placed on a waitlist. Requests are filled from the waitlist as space becomes available.

Failure to fulfill any scheduled Day Kamp reservation will result in a single Day Kamp charge. Appointment cancellation must be made by 7:00 am of the appointment date to avoid Day Kamp charge.

# AGGRESSIVE BEHAVIOR

To protect the health and well-being of your pet/s, other pets, our staff and clients - Kamp K9, LLC. reserves the right to alter, refuse or cancel services if:

* Your pet displays aggressive or destructive behavior.
* Your pet has any history of aggressive or destructive behavior.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Initial) My pet has no history of aggressive or destructive behavior.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Initial) My pet has displayed instances of aggressive or destructive behavior. Details of aggressive behavior:

You are solely responsible for any expenses resulting from your pet’s destructive or aggressive behavior. By entering into this Agreement, you agree to indemnify, defend, protect and hold Kamp K9, LLC., its owners, employees, associates and agents harmless from and against any and all damages, claims, losses, costs, liabilities or expenses (including, but not limited to, injuries to any person/animal or destruction of any property) arising out of your pet’s behavior, regardless of whether or not your pet has exhibited such behavior in the past or the actions or inactions of Kamp K9, LLC., its owners, employees, associates or agents.

**Kamp K9, LLC will not provide services to any aggressive pet/s.**

#  MEDICAL DECLARATION

To provide for the health and safety of your pet/s, other pets and our staff we ask that you provide full disclosure of your pet/s medical history.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Initial) You declare your pet/s is in good physical / medical condition – free of any medical limitation, restrictions or illness (i.e. Bordetella or Canine Influenza).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Initial) You declare your pet/s has a medical condition, injury, physical limitation, restriction or illness. Provide details pertaining to your pet/s condition (include the name and phone number of the attending veterinarian):

If at anytime your pet/s medical condition changes you agree to provide full disclosure to Kamp K9, LLC. We reserve the right to suspend services for your pet/s until satisfactory medical clearance is granted by the attending Veterinarian.

We reserve the right to limit, alter or refuse any and all services based on medical condition, injury, physical limitation, restrictions or illness.

#  MEDICAL CARE PROTOCAL AND AUTHORIZATION

In the event your pet requires emergency veterinary care our staff will initiate actions for obtaining appropriate veterinary treatment until you or your designated Emergency Contact can be reached.

You grant authority to Kamp K9, LLC. and its Agents to obtain essential emergency veterinary treatment for your pet/s and grant permission to transport your pet/s for the purposes of receiving veterinary treatment.

You grant Kamp K9, LLC. permission to authorize charges (payment) for the treatment of your pet/s. You are responsible for any and all costs incurred by Kamp K9, LLC. for veterinary treatment and care of your pet/s.

You give Kamp K9, LLC. the authority to obtain medical history and vaccination records for your pet/s from the veterinarian or clinic listed on your pet’s Information Card and the Service Agreement. You give permission for your pet’s veterinary records including vaccination records to be released to Kamp K9, LLC. (records may be sent to brian@kampk9.com).

 PRINT NAME SIGNATURE DATE

# VACCINATION REQUIREMENTS

We take great care to maintain a healthy environment for your pet/s. Stringent screening and core vaccination requirements are essential to maintaining a healthy environment. Even with rigorous precautions pets, on occasion, may become ill or injured. Our staff will take appropriate action in the event your pet/s requires veterinary care. You (the Pet Owner) are responsible for any and all costs associated with the care of your pet.

Kamp K9, LLC. requires all pets entering the facility, for any service, must be current on a set of **core vaccinations**. Our core vaccination requirements help to protect the health of all pets entering our facility.

Immunization is an important part of your pet's preventive health care. Most vaccinations are effective and will prevent or minimize the efficacy of an infection / illness. A vaccinated pet may not develop adequate immunity and it is possible for these pets to contract an illness for which they have been vaccinated.

Veterinarians may tailor vaccination programs that differ from our **core vaccination requirements**. Although some veterinarian may not require our core vaccinations, **we will not waiver our standards**. **Proper documentation certifying your pet/s is current on the following vaccinations must be submitted before your pet/s is admitted to any Kamp K9, LLC. Facility and before any reservations for service can be scheduled:**

 **CANINE**

 **Rabies**

 **Distemper, Leptopirosis, Parvo**

**Canine Influenza**

 **(Kennel Cough)**

**ONLY PETS CURRENT ON CORE VACINATIONS WILL BE ADMITTED TO KAMP K9, LLC. FACILITY.**

**CANINE BORDETELLOSIS (Kennel Cough) -** Any canine interacting with other canines runs a risk of contracting an illness including Bordetellosis (commonly referred to as Kennel Cough). Bordetellosis is caused by bacterium *Bordetella bronchiseptica,* which is often present in the respiratory tracts of many animals. It is a primary cause of tracheobronchitis (kennel cough), which can result in a severe chronic cough. In addition to the cough, some dogs develop a nasal discharge. Transmission most frequently occurs by contact with the nasal secretions of infected dogs.

**Pets that have received regular Bordetella and Canine Influenza vaccination are still at risk of contracting these infections. For further information regarding illnesses and vaccinations we recommend you consult with your veterinarian.**

#  PARASITE PROTOCOL

All pets entering the facility must be free of external parasites such as fleas and ticks, as well as internal parasites such as Heartworm, Hookworm, and Roundworm. Any pet discovered with parasites will be administered appropriate treatment to resolve the infestation. You are responsible for any and all costs incurred by Kamp K9, LLC. for treatment, veterinary care and medication required for the care of your pet/s.

**All pets entering the facility must be on a regular preventative for fleas / ticks and heartworm.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Initial) **You declare your pet/s has been free of any external or internal parasites for at least thirty (30) days.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Initial) **You declare your pet is on a regular preventative for external and internal parasites including fleas, ticks and heartworm.**

#  BUSINESS HOURS

**SUNDAY 4:00 pm – 6:00 pm** • **MONDAY – FRIDAY 7:30 am – 5:00 pm** • **SATURDAY 8:30 am – 4:00 pm**

**Business hours are strictly enforced.** Pets may be checked-in /checked-out for services only during business hours. All pets remaining in the facility after closing will be boarded until the opening of the next Business Day (standard boarding rates apply). Business hours are subject to change without notice and may vary during holidays.

#  TRANSACTION POLICIES AND PAYMENT METHODS

Payment is due before or upon completion of any service. Kamp K9, LLC. reserves the right to adjust fees for services without notice. Prices are subject to change. Kamp K9, LLC. accepts Cash, VENMO and Personal/Business Checks (with proper identification) as tender for services rendered.

**SERVICE CANCELLATION POLICY -** Cancellation notification for most services must be given at least twenty-four (24) hours prior to scheduled service to avoid charges (specified services may require varied cancellation requirements). Notice for cancellation must be made (by phone or in person) at the providing Kamp K9, LLC. Facility. Failure to give proper cancellation notice will result in a minimal charge or the loss of deposit.

**Holiday Overnight Kamp Reservations require an advance deposit to hold reservations.** Holiday deposits are refundable up to 14 days prior to the holiday for which they are made. Lodging Reservation Deposits become non-refundable / non-transferable within 14 days prior to the holiday for which the reservation is made.

**Day Kamp appointment cancellation must be made by 7:00 am of the appointment date.**  Failure to fulfill any reservation will result in a single Day Kamp Day charge.

**COLLECTION POLICY – Clients are required to settle all** charges for services including but not limited to boarding, grooming, training, medical, veterinary services, property or personal injury within ten business days after services are rendered or Kamp K9, LLC. will take appropriate collection/legal action.

**RETURN CHECK / CREDIT CARD CHARGE BACK POLICY -** Settlement for all returned check or credit card chargebacks must be made within ten (10) days from bank notice. Settlement for returned checks / credit card charge backs must be made in cash, money order or credit card. Returned check / credit card chargebacks will receive a minimum $25.00 transaction fee.

**RIGHT TO REFUSE SERVICE -** To protect the health and well-being of your pet/s, other pets, our staff and clients - Kamp K9, LLC.

reserves the right to immediately cancel, refuse or suspend any and all services without notice or stated reason.

#  SERVICE AGREEMENT COMPREHENSION AND APPROVAL

This Service Agreement covers the relationship between you and Kamp K9, LLC. each time you receive services from

Kamp K9, LLC. You affirm the terms of the Service Agreement and the truthfulness and accuracy of all statements you have made regarding you and your pet/s.

You (the Pet Owner) hereby release and agree to hold Kamp K9, LLC, its owner’s, employees, associates and agents harmless from any and all manner of damages, claims, losses, liabilities, costs or expenses, causes of action or suits, whatsoever in law or equity (including, without limitation, attorney’s fees and related costs) arising out of or related to any services provided by Kamp K9, LLC., its owners, employees, associates or agents.

Services will not be provided by Kamp K9, LLC. without your full agreement with the Service Agreement. Your signature conveys you understand and agree to all content, conditions and terms specified within the Service Agreement. Terms and conditions of this Service Agreement are subject to change, revision and update. Any changes to the Service Agreement are posted at rangerspetoutpost.com. A current Service Agreement can be obtained at rangerspetoutpost.com.

 PET/S OWNER NAME (Print) SIGNATURE DATE

 PET/S OWNER NAME (Print) SIGNATURE DATE

# NOTES / ADDITIONAL INFORMATION

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