

# OWNER RELEASE

I understand you CANNOT guarantee the health of my pet. I understand and will not hold the clinic responsible for conditions that are unavoidable in boarding kennels, such as but not limited to weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea, and fleas. **I understand ALL pets admitted to the clinic must be protected against communicable contagious diseases and must be free of internal and external parasites or will be treated on entry of discovery at the owner/agent's expense.** If vaccinations were performed elsewhere, I can provide written documentation of the Rabies vaccination administered by a licensed veterinarian within 24 hours of notification to do so in the event my pet should bite any person or other pet while on the clinic premises.

I understand that in the event of my pet's illness, the staff will immediately attempt to contact me or my agent to discuss the problem and treatment options, but may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until me or my agent can be reached.

If any problem is observed or develops:

- Please treat my pet as required, you need not call me.
- Perform only emergency and supportive care. Notify me for permission to begin any other treatment.
- Do NOT perform any diagnostics and/or treatment until I am notified and consent for you to evaluate and treat as recommended.

**If you have not listed contact information for us in the box below, we will initiate your pet's treatment, if need be, and then attempt to find contact information in order to notify you.**

Should an EMERGENCY arise, I authorize the medical staff to sedate my pet and/or perform such emergency procedures as may be necessary for the health of my pet until I can be notified. I agree to pay, in full, all charges for necessary services rendered for and to my pet.

**I understand that the clinic is not responsible for loss or damage to personal items left with the pet including but not limited to leashes, collars, toys and bedding.**

The clinic is to use all reasonable precautions against injury, escape, or death of my pet. The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet will be treated as noted above and I assume full responsibility for the treatment expense incurred.

**I will call if my "pick-up date" changes so you can plan accordingly.** If I neglect to pick up my pet within 5 days of the date scheduled for discharge, and do not notify you within that time period, you may assume that the pet is abandoned and are hereby authorized to dispose of the pet as you deem best and/or necessary.

I have been provided with a copy of the boarding policy handout/brochure explaining boarding policy and regulations. **I understand there is an additional charge for any pet deemed aggressive during the boarding period.** **I have read the foregoing in its entirety and have had my questions answered to my satisfaction.**

Date: \_\_\_\_\_ Owner/Agent: \_\_\_\_\_

Name & Phone Number of Responsible Party to be Reached in an Emergency:

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**Special Notes And/Or Instructions.**

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