

Owner Release

I understand you can not guarantee the health of (animal). 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 or discovery at the owner/agent's expense.

If vaccinations were performed elsewhere, I can provide written document of the Rabies vaccination administered by a licensed veterinarian within twenty-four hours of notification to do so in the event (animal) should bite any person or other pet while on the clinic premise.

I understand that in the event of (animal'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 I or my agent can be reached.

If any problem is observed or developed: (Choose 1)



- Please treat (animal) 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 can be notified and consent for you to evaluate and treat as recommended.

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

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 precaution against injury, escape, or death of (animal). 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 (animal) 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 (animal) within 5 days of the date scheduled for discharge, and do not notify you within that time period, you may assume that (animal) is abandoned and are hereby authorized to dispose of (animal) as you deem best and/or necessary.