



BBPC OWNER RELEASE FOR BOARDING

Owner Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

I understand that you cannot guarantee the health of my pet(s). I understand and will not hold Beaver Brook Pet Center responsible for conditions that may be unavoidable in boarding kennels, such as, but not limited to, weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea, and fleas. I understand that 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's or agent's expense.

**Vaccinations Required:**

Canine: Rabies, Distemper (DA2PP), and Bordetella

Feline: Rabies, Distemper (FVRCP)

Other Mammals: As required by Veterinarian on site

\*\*I understand and agree to the additional charges which apply to vaccinating my pet if not current, medicating him as I have instructed, and/or providing other services I have requested.\*\*

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 if unable to reach me immediately is authorized to perform treatment as noted below until I or my agent can be reached.

- \_\_\_\_\_ Please treat my pet(s) as required, you need not call me prior to treatment
- \_\_\_\_\_ Perform only emergency and supportive care. Contact me for permission to begin other treatments
- \_\_\_\_\_ Do not perform any diagnostics or treatment until I am contacted and provide consent for BBPC to evaluate and treat as recommended

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

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 will use all reasonable precautions against injury, escape or death of animal(s). 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(s) will be treated as noted above and I assume full responsibility for the treatment expense incurred. In the unfortunate event that your pet passes away we will make every attempt to contact you. If we cannot reach you we will hold your pet in cold storage until we hear from you.

I will call if my "check out" date changes so that BBPC can plan accordingly. If I neglect to pick up my pet within 10 days of the date scheduled, and do not notify you within that time period, you may assume that my pet is abandoned, and you are hereby authorized to dispose of my pet as you deem necessary.

Owner/Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

(By signing I agree to any and all conditions listed above)

Emergency Phone \_\_\_\_\_

Updated 8/8/13