BOARDING POLICY AND RELEASE

Owner's Name:	Pet's Name:
responsible for conditions that are unavoi upper respiratory infections, bronchitis, d	health of my pet listed above. I understand and will not hold the clinic dable in boarding kennels, such as, but not limited to, weight loss, hair loss, iarrhea and fleas/ticks. I understand all pets admitted to the clinic must be us diseases and must be free from internal and external parasites or will be /agent's expense.
I understand in the event of illness the staf treatment options.	f will immediately attempt to contact me or my agent to discuss problem and
In the event that my agent or I are unavaila	able (please initial one of the following):
	stics and treatments deemed necessary. nd supportive care. Notify me for permission to begin any other treatment.
Do not perform any diagno treat as recommended.	stics and/or treatment until I am notified and consent for you to evaluate and
	e medical staff to sedate this pet and/or perform such emergency procedures pet until I can be contacted. I agree to pay in full for necessary rendered for
I understand that the clinic is not respons leashes collars, toys and bedding.	ible for lost or damaged items left with the pet, including but not limited to
held liable for any problems that develop p	ons against injury, escape or death of my pet. The clinic and staff will not be provided reasonable care and precautions are followed. I understand that any treated as noted above and I assume full responsibility for treatment expense
*	e is not a 24 Hour facility and there may be times when my pet is left re Centre or its employees liable for events that may transpire during those
the date scheduled for discharge and do	nat you can plan accordingly. If I neglect to pick up a pet within five days after not notify you within that time period, you may assume that this pet is elinquish ownership to Belpar Pet Care Centre or Local Humane Society.
I have been provided with a copy of this bo	parding policy and admission form.
Owner/Agent:	
Print Name:	Preferred Contact Number:
Signature:	Date:
Alternate Contact Name:	Alternate Contact Number: