

OWNER RELEASE

I understand you CANNOT guarantee the health of my pet. I understand and will not hold 4 Paws Veterinary Care, Dr. Wiggins or Staff 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** (Such as: any pet found to have fleas upon arrival will be treated with a Capstar tablet to prevent the spread of fleas throughout the facility at additional cost). If vaccinations were performed elsewhere, I must provide written documentation of required vaccinations administered by a licensed veterinarian.

Owner/Agent: _____

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 reach me immediately and is therefore authorized to initiate appropriate treatment until myself, my agent, or emergency contact can be reached.

Owner/Agent: _____

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 at the time of check-out.

Owner/Agent: _____

I have been asked to refrain from bringing personal items because they can get misplaced when sent to laundry for washing. If I choose to bring personal items, I understand that the clinic is not responsible for loss or damage to personal items left with my pet, including but not limited to leashes, collars, toys, blankets and bedding.

Owner/Agent: _____

The Hospital is to use all reasonable precaution against injury, escape, or death of my pet. 4 Paws Veterinary Care, Dr. Wiggins or 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 and agree to pay at check-out.

Owner/Agent: _____

I will call if my "check-out date" changes so you can plan accordingly. If I neglect to pick up my pet within 5 days of the date scheduled for check-out and do not notify 4 Paws Veterinary Care within that time period, you may assume that the pet is abandoned and are hereby authorized to make arrangements for the pet as you deem best and/or necessary.

Owner/Agent: _____

I have been provided with a copy of the boarding policy handout explaining boarding policy and regulations. **I understand there is an additional charge for any pet deemed aggressive during the boarding period.**

Owner/Agent: _____