Critter Camp and Cuts

BOARDING CONTRACT

This Contract is between the Critter Camp and Cuts facility (hereinafter called the “Kennel”) and the pet owner/representative whose signature appears below (hereinafter called the “Owner”). The term “pet” refers to all pets boarding with the same ownership.

Owner Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Pet Name Breed Age Sex Spayed/Neutered Food Brand Amount given times per day

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**Please read carefully and initial each item:**

\_\_\_\_\_1. Owner specifically represents that he or she is the owner of the pet, or has been authorized by the Owner of the pet to enter into this Contract as the Owner’s agent.

\_\_\_\_\_2. Owner agrees to pay the boarding rate for all services and treatments effective on the date the pet checks out of the Kennel. Rates are subject to change.

\_\_\_\_\_3. Owner agrees to pay all unbilled costs and charges for services provided upon departure of pet from Kennel. Owner understands and agrees that pet shall not leave the Kennel until all charges are paid by Owner to the Kennel. Owner is aware that if the date of pick up is extended there will be an additional daily charge.

\_\_\_\_\_4. Owner understands that there is a full-day boarding fee charged on day of arrival (regardless of check in time), and **there is a charge for the day of departure if check out is 5 PM or later.** Owner will allow 30 minutes for “check in” and “check out” processing**.**

\_\_\_\_\_5. Owner understands that Critter Camp and Cuts is not a 24-hour facility. Kennels are not monitored between 9 pm and 6 am. Pets requiring overnight care, or medical monitoring or services beyond oral medications or non-invasive treatments should not board in our facility. Owner asserts that all known medical and behavioral history of pet has been disclosed to Critter Camp and Cuts before boarding. Owner represents that pet is healthy and has not been exposed to any known communicable disease within the thirty-day period immediately prior to boarding. Owner shall inform Kennel of any changes in pet’s condition and behavior at or prior to check in for all subsequent visits.

\_\_\_\_\_6. Owner understands that Kennel staff is not a veterinarian or registered veterinary technician. Kennel does not board any pets with medical conditions other than those stable with oral medication or non-invasive treatments. Pets with casts, restricted mobility requirements, feeding tubes or post operative recovery requirements may not board.

\_\_\_\_\_7. Owner understands that a cancellation fee will be charged if owner does not give Critter Camp and Cuts a 48 hour notice reservation cancellations including early check out dates. The cancellation fee is equal to one day at the standard rate of the kennel reserved, **for each kennel reserved**. \

\_\_\_\_\_8. If pet is to be boarded during any portion of the Thanksgiving or Christmas/New Years holiday period (contact Critter Camp and Cuts for exact dates, which may vary from year to year), Owner understands that a non-refundable deposit of $75 (per kennel reserved) is required in order to secure a holiday reservation. Credit card on file will be used to process this payment after reservation is confirmed. Deposit will be applied to holiday boarding bill. If holiday boarding bill is less than applied Holiday Deposit(s), the difference will not be refunded. Owner agrees to forfeit Holiday Deposit if holiday reservation is cancelled anytime after reservation is confirmed. Owner understands that in addition to Holiday Deposit forfeit, our normal cancellation policy also applies to a holiday period reservation that is cancelled.

\_\_\_\_\_9. Owner understands that all check ins and check out times **MUST be scheduled appointments**. Owner understands they must call or text in advance to check ins and check- out to set this appointment. Please call or text 694-6088.

\_\_\_\_\_10. Owner understands that animals requiring physical separation for feeding or at other times must have their own run reserved. Kennel cannot physically separate animals that share a single run.

\_\_\_\_\_11. Owner understands that for the safety of animals boarding, priority is always given to standard care and medical services over extra exercise services requested by Owner. If any operational issues such as bad weather we will forfeit the extra exercise.

\_\_\_\_\_12. Owner understands that extra charges may be added to the bill at discretion of kennel management for special handling or treatment that is above and beyond routine care. Special handling is defined as services beyond our standard boarding care due to behavior problems, health, or other unexpected care not anticipated. Owner agrees to pay all such charges.

\_\_\_\_\_13. Owner understands that pets that are jumpers/climbers, diggers or others that can escape dog run enclosures, as well dogs with behavior problems, bee allergies, inclination to eat gravel/rocks, difficulty walking on unstable on uneven surfaces such as gravel/rock, any medical problems, dogs shedding parasites (worms), and females in season MUST inform Critter Camp and Cuts AT CHECK-IN.

\_\_\_\_\_14 All pets entering Kennel must be clean and flea free. If upon inspection, this is not the case, a topical once-a-month flea treatment will be applied at Owner’s expense, unless client has listed a medical reason not to do so.\* Pets with fleas will not be allowed in the outdoor common play areas until 24 hours after medical treatment has been applied.

 \**My pet cannot receive the following topical flea treatment (list all that apply):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *Please contact me/authorized emergency contact or my veterinarian for direction on appropriate treatment.*

\_\_\_\_\_15 Kennel shall exercise due and reasonable care for each pet while boarding. Under this reasonable care, Owner releases Kennel from, and waives all claims and liability against Kennel for or attributable to, injury or illness of pet. Owner agrees that Owner shall be solely responsible for any and all acts and behavior of said pet while it is in the care of Kennel. This includes damage to kennel structure and/or kennel property.

\_\_\_\_\_16 Owner authorizes Kennel to transport pet to veterinary office in case of a life-threatening illness/injury, and kennel management in its’ sole discretion may engage the services of a veterinarian for evaluation and treatment, regardless of your emergency treatment authorization. Owner authorizes Kennel to transport pet to veterinary office in non-emergency cases where Kennel has contacted Owner, emergency contact or Owner’s veterinarian and been advised to seek veterinary care. Expenses thereof shall be paid by Owner. Owner understands that a Trip Fee of $10 will be added for each trip Kennel makes to take pet to an offsite veterinarian, and Owner agrees to pay such fee. Owner is agreeing to pay all expenses to the veterinarian for their services.

\_\_\_\_\_17 Kennel specifically requires that pets over a designated age have veterinary clearance for boarding. Client must provide written documentation from veterinarian stating that pet is healthy enough to board in a non-medical, non-24 hour facility. Information will be required on a yearly basis for animal’s subject to this policy. Kennel reserves the right to request further documentation when needed for any issues that may be a concern while boarding.

\_\_\_\_\_18. Kennel specifically requires all pets be vaccinated against communicable diseases prior to boarding.

**Vaccination Requirements: Dogs-DHLPP, Bordetella, & Rabies, Cats-FVRCP & Rabies, We Accept Vaccination Titers for DHLPP.**

**Due to possible reaction of the Bordetella vaccination and the fact the reaction is considered contagious, the Bordetella vaccination MUST be given a minimum of 7 days prior to kennel stay. Dogs given their vaccination with-in the 7 days prior WILL NOT be allowed to stay. Absolutely no exceptions!**

Kennel reserves the right to refuse admittance to any pet that shows signs of illness or that does not meet Kennel vaccine requirements. Despite these precautions, Owner acknowledges that Owner’s pet will be in an environment with other pets during boarding, and understands that any pet may harbor and spread a communicable disease. Owner releases Kennel from, and waives all claims and liability against Kennel for, all losses, damages, costs and expenses arising out of or in connection with any communicable disease contracted by Owner’s pet during boarding**. Current veterinary verification must be provided to Kennel prior to or at check-in.** Owner understands and agrees to abide by Kennel’s vaccine policy at all times.

\_\_\_\_\_19. Owner understands that if pet is not picked up within 14 calendar days after the day pet is scheduled for pick up, pet shall be deemed abandoned. Critter Camp and Cuts then has the right to place pet with a new owner. Owner shall remain liable for all boarding fees.

\_\_\_\_\_20. Owner releases Kennel from, and waives all claims and liability against Kennel for, damage to, or loss of, personal equipment or belongings provided by Owner for pet while the pet is boarded. Owner agrees to limit personal belongings to five items or less per pet boarding. No breakable items are allowed in Kennel (i.e. glass, ceramic bowls, etc). Items not taken home at check out will be donated if not picked up within 1 months of check out date.

\_\_\_\_\_21. Owner understands that Kennel reserves the right to refuse service at its discretion. Kennel does not board animals with behavior problems that are deemed a safety risk for staff, other boarding pets or itself.

\_\_\_\_\_22. Kennel shall exercise due and reasonable care for pet. Except to the extent due primarily to the negligence of Kennel, Owner releases Kennel and its staff, and will hold Kennel and its staff harmless, from any liability or loss attributable to death, injury, illness or loss of pet or from any liability or loss from any acts or condition of pet, including without limitation, damage to property, persons or animals. In no event shall liability of Kennel or its staff, even for negligence, gross or otherwise, exceed $300, and Owner will hold Kennel and its staff harmless from any liability or loss in excess of this amount.

\_\_\_\_\_23. This contract contains the entire agreement between the parties. All terms and conditions of this contract shall be binding on the heirs, administrators, personal representatives, and assigns of the Owner and Kennel.

\_\_\_\_\_24. Any controversy or claim arising out of or relation to this Contract, or the breach thereof, or as the result of any claim or controversy involving the alleged negligence by any party to this Contract, shall be settled by binding arbitration in accordance with the rules of the American Arbitration Association, and judgment upon the award rendered by the arbitrator may be entered in any Court having jurisdiction thereof. The arbitrator shall, as part of his award, determine an award to the prevailing party of the costs of such arbitration and reasonable attorney’s fees of the prevailing party.

\_\_\_\_\_25. HAS YOUR PET EVER BITTEN ANY PERSON OR ANIMAL (CIRCLE)? **YES NO**

 If YES, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_26. Does your pet have any medical conditions?

If yes do they need/take any medication?

 If yes please also fill out Medical Form

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\_\_\_\_\_27. Is there anything else we should know about your

* + - Have any allergies
		- Separation anxiety
		- Fear of storms
		- Food aggressive
		- Toy aggressive
		- Dog aggressive
		- Human aggressive
		- Cage fighter
		- Rock eater
		- Blanket eater
		- Other

 Please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Critter Camp and Cuts Medical Treatment Authorization**

In addition to the Boarding Contract items pertaining to medical treatment, in the event that medical evaluation or treatment is necessary, Critter Camp and Cuts will follow these procedures to provide your pet with appropriate medical attention.

1) If medical attention is needed, Critter Camp and Cuts will make every effort to contact you, your designated emergency contact or your veterinarian at the telephone numbers you have provided. In the event that no one can be reached, Critter Camp and Cuts will act, at the sole discretion of kennel management, to seek whatever treatment is reasonable to keep your pet stable until we are able to get in touch with you.

2) For evaluation, Critter Camp and Cuts may seek over the phone consultation from a veterinarian to help provide evaluation and recommendation for treatment. If tests, treatments, or detailed evaluation are recommended for further medical attention your animal will be transported to a veterinary facility. If further medical attention is required, kennel will seek veterinary care at an appropriate medical facility based on criteria. Owner is responsible for any expenses incurred due to consult, exam, medication or other medical procedures performed a veterinarian facility, another facility and to Critter Camp and Cuts for transportation .

PLEASE CHOOSE **OPTION A OR B** AND/OR WRITE SPECIAL INSTRUCTIONS BELOW:

\_\_\_\_\_A. Provide treatment for my pet not to exceed $\_\_\_\_\_\_\_\_\_\_\_\_\_.

 \_\_\_\_\_B. Please provide whatever treatment is necessary to care for my pet.

SPECIAL INSTRUCTIONS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Your pets Veterinarian and phone number:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Local Emergency Contact and phone number (family or friend):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please Initial Below:**

**\_\_\_\_\_** I authorize Critter Camp and Cuts to transport my pet to a veterinary office if determined necessary by kennel management.

\_\_\_\_\_ I agree to be responsible for all costs and charges associated with treatment.

**Pet Parent’s Signature**  **Date:**

**By signing below, I acknowledge that**

**I have read and agree to all items listed above.**

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| --- | --- | --- | --- |
| **CHECK IN** | **CHECK OUT** | **CLIENT SIGNATURE** | **CC&C INITIAL** |
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