Boarding Agreement

This Contract is between the Bowie Drive Animal Hospital and Pet Resort (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:	Emergency #:
PET NAME(S):	
Please read carefully and initia	al each item:
	presents that he or she is the owner of the pet, or has been authorized by into this Contract as the Owner's agent.
	the boarding rate for all services and treatments effective on the date the not when the reservation is made.) Rates are subject to change.
check in time), and there is a c	nat there is a full-day boarding fee charged on day of arrival (regardless of harge for the day of departure if check out is 12 Noon or later. Owner heck in" and "check out" processing.
other type of food, we strongly severe upset stomach and/or of	If we use is Royal Canin Gastro Intestinal. If you are feeding your dog any y recommend you to bring it with you. Changing dog food may cause diarrhea. We do charge \$5.00 additional a day to use our food. Also, we do sor bones (Nyla Bones are accepted) in our facility.
guarantee that they will be ret full name. No breakable items	to bring their own blankets or toys if desired, however we cannot turned in the same condition or at all. Please label all belongings with pet's are allowed in Kennel (i.e. glass, ceramic bowls, etc). Items not taken ated if not picked up within 2 weeks of check out date.
monitored between 6 pm and beyond oral medications or no	nat Bowie Drive Animal Hospital is not a 24-hour facility. Kennels are not 7 am. Pets requiring overnight care, or medical monitoring or services on-invasive treatments should not board in our facility. Owner asserts that oral history of pet has been disclosed to Bowie Drive Animal Hospital
Kennel does not board any pet pet requires any invasive treat with Doctor on staff at Bowie I	nat Kennel staff is not a veterinarian or registered veterinary technician. Its with medical conditions other than those stable with oral medication. If ments (injections, fluids, etc.), Owner must: a) make prior arrangements Drive Animal Hospital for their staff to administer as scheduled, OR Hospital medical staff to perform procedure (upon management for any and all applicable fees.
8. Owner understands th	nat Bowie Drive does not offer after hours pick up or drop off.
	hat extra charges may be added to the bill at discretion of management

services beyond our standard boarding care due to behavior problems, health, or other unexpected car not anticipated at time of check in. Owner agrees to pay all such charges.
10. Pets found to host fleas and/or ticks will be treated, If upon inspection, this is the case, an ora once-a-month flea treatment will be administered at Owner's expense, not to exceed \$25, unless client has listed a medical reason not to do so. My pet cannot receive the following oral flea treatment (list al that apply):
11. 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.
12. If a life threatening illness/injury occurs, the Kennel in its sole discretion may engage the services of Bowie Drive Animal Hospital medical staff, for evaluation and treatment, Expenses thereof shall be paid by Owner. Owner authorizes kennel to bill payment of veterinary services at the time service is provided.
13. 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- 24 hour facility. Information will be required on a yearly basis for animals subject to this policy. Kennel reserves the right to request further documentation when needed for any issues that may be a concern while boarding.
14. Kennel specifically requires all pets be vaccinated against communicable diseases 30 days price to boarding. 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 an 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 at least 3 weeks prior to check in date. Owner understands and agrees to abide by Kennel's vaccine policy at all times. Bordetella (kennel cough) vaccine must have been given at least 30 days prior to any boarding. Owner is aware that by leaving pet at Bowie Drive Animal Hospital, or any other pet facility, they are at a higher risk of contracting canine cough (kennel cough), viruses, Canine cough (kennel cough) is similar to the flu in humans and, while all dogs in our care are vaccinated, no vaccination is 100% effective. We maintain a very high level of cleanliness but interaction with other dogs carries with it inherent risks.
We require Rabies and FVRCP for cats and Rabies, DAP+4L, K9 Flu (both strains) and Bordetella for dogs as well as heartworm preventative, and flea/tick preventative for all services at Bowie Drive Animal Hospital and Pet Resort.
15. 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 agrees to disclose to Kennel

all known medical conditions and/or behavior problems, which may affect pet's care prior to check in. Owner shall inform Kennel of any changes in pet's condition and behavior at or prior to check in for all subsequent boarding stays.

_____16. ABANDONED PETS. Pet Parent understands and agrees that if his or her pet is not picked up within seven (7) calendar days after the scheduled pick up date, the pet shall be deemed to be abandoned and additional boarding charges shall apply, and in such event, Company shall gain legal custody and ownership of the pet and retain the right to keep the pet, or place the pet in a shelter or with animal control, or place the pet in a new home with a new owner, with no recourse by Pet Parent against Company or any Company Party.

_____17. If the pet becomes ill or if the state of the animal's health otherwise requires attention, Bowie Drive Animal Hospital at its sole discretion, is authorized to engage the services of a veterinarian or arrange for other requisite attention to the animal up to and including \$500.00 or ______, whichever is greater. If a veterinarian determines that emergency treatment, which will exceed the authorized amount, is needed to save the animal's life or quality of life, and we cannot reach you or the Emergency Contact, we may authorize the veterinarian to perform the emergency treatment. Owner agrees to be responsible for all veterinary costs provided to your animal.

_____18. 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.

PAYMENT. Pet Parent agrees to pay all fees for boarding, day care services, veterinary services and grooming or other services owed on the day of pick up for any scheduled reservation under this Agreement.

PHOTOS AND VIDEO RELEASE. Pet Parent agrees to allow Company to use his or her pet's name and any images or likeness of his or her pet taken while the pet is at the Company facility, in any form or format, for use, at any time, in any media, marketing, advertising, illustration, trade or promotional materials.

OTHER DOCUMENTATION. The terms of this Agreement will govern any reservation form, pet information sheet, instructions from Pet Parent or other document relating to services to be provided by Company.

PET PARENT FULLY UNDERSTANDS AND AGREES THAT IF PET PARENT ABANDONS HIS OR HER PET AT THE COMPANY FACILITY, PET PARENT MAY BE UNABLE TO RETRIEVE POSSESSION OF HIS OR HER PET AND WILL HAVE NO RECOURSE AGAINST ANY COMPANY PARTY. PET PARENT HAS READ AND FULLY UNDERSTANDS THE TERMS OF THIS AGREEMENT, INCLUDING THE RELEASES, WAIVERS OF LIABILITY, ACCEPTANCE OF RISK AND INDEMNITY PROVISIONS AND UNDERSTANDS THAT PET PARENT HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAS SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE AND INTENDS IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT PERMITTED BY LAW. PET PARENT AGREES THAT IT IS INTENDED THAT ALL TERMS OF THIS AGREEMENT CONTROL DESPITE ANY PARTICULAR STATUTE OR LAW THAT WOULD OTHERWISE PROTECT PET PARENT OR HIS OR HER DOG(S). PET PARENT IS ADVISED TO SEEK LEGAL COUNSEL IF PET PARENT IS UNSURE OF THE EFFECTS OF THE FOREGOING AGREEMENT.

INDEMNIFICATION; LIABILITY. AS CONSIDERATION FOR THE SERVICES RENDERED BY COMPANY, PET PARENT WILL INDEMNIFY, DEFEND AND HOLD COMPANY AND COMPANY PARTIES HARMLESS FROM AND AGAINST ANY AND ALL LOSSES, LIABILITIES, DAMAGES, FINES, PENALTIES AND EXPENSES (INCLUDING ATTORNEYS' FEES AND VETERINARY COSTS AND EXPENSES) ARISING FROM OR RESULTING FROM ANY BREACH OF THE REPRESENTATIONS, WARRANTIES OR COVENANTS CONTAINED IN THIS AGREEMENT (INCLUDING ABANDONMENT OF THE PET AT THE COMPANY FACILITY), OR OTHERWISE RELATED TO ANY AND ALL ACTS OF BEHAVIOR OF THEIR PET(S), WHICH MAY INCLUDE, WITHOUT LIMITATION, INJURY OR DEATH TO A PET OR ANIMAL AT THE FACILITY OR INJURY OR DEATH TO A STAFF MEMBER OF COMPANY OR ANY OTHER MEMBER OF THE PUBLIC. IN NO EVENT WILL COMPANY OR ANY COMPANY PARTY BE HELD LIABLE FOR SPECIAL, CONSEQUENTIAL, EXEMPLARY OR PUNITIVE DAMAGES, EVEN IF ADVISED OF THEIR POSSIBLE EXISTENCE.

I have read and understood the above. I certify, to the best of my knowledge, that my pet is free of any communicable illness, worms, fleas, and ticks. All attestations on this form are true and correct to the best of my knowledge. I release Bowie Drive Animal Hospital and Pet Resort staff from any liability regarding my pet's stay, or daycare.

PET PARENT SIGNATURE:		
DATE:		