

BOARDING AGREEMENT & ADMISSION FORM

DOCTOR EXAMINATION

I authorize a doctor to perform necessary diagnostics (i.e. x-rays, blood tests) and treat the problem indicated with the cost not exceed \$_____ initials _____

ILLNESS WHILE BOARDING

If your pet becomes ill or needs medical attention, we will attempt to contact you at the emergency number given to us. Should we be unable to reach you, please indicate your wishes if your pet requires treatment to relieve discomfort or to resolve a medical condition by choosing one of the options below

___ please perform whatever the doctor determines necessary for my pets welfare until I can be reached or I arrive. This includes diagnostics.

___ I authorize the doctor to perform necessary treatments and diagnostic procedures not exceed \$_____

___ Do NOT administer any medical treatment until I give specific authorization. I accept full responsibility for any delays in treatment.

RISKS IN RURAL AREAS

I understand that although AllBark Inn makes their best efforts to have a safe and happy environment for your pet, this is a country setting. Natural elements, including foxtails, rattlesnakes, bees or spiders may present a risk to your pet. AllBark Inn can not be responsible for such risks or injury to your pet. Our dog yards are checked daily and we are aware of the Seasons when such risks are more likely to occur. Knowing this, I do not hold AllBark Inn liable if my pet incurs such injury.

Owner or authorized agent