

Client Information

By signing below You, the Owner, certify that you are the owner of this pet, and grant permission to Brands Countryside Pet Resort & Daycare to obtain on Owner's behalf and in my pet's best interest the veterinary care necessary to treat illness or injury. Owner agrees to pay all veterinary and other necessary services incurred by and for my pet during its stay in this facility.

Owner certifies that all pets are current on their vaccinations including Rabies, Distemper & Bordetella (for dogs). If vaccinations are not found to be current, Owner agrees to pay all veterinary and transportation and additional fees incurred by the boarding facility to update the pet's vaccination. Owner also grants permission to boarding facility to request vaccination papers (new or updated) from the veterinary office during this and any future stays at the boarding facility.

This boarding facility agrees to exercise all due and reasonable care to prevent injury or illness to my pet. However, in the event of illness or injury, the owners and employees of this boarding facility shall not be held personally liable for such injury or illness. Owner will be responsible for any injury by pet to any employees or other persons rightfully on the property. Owner agrees to indemnify, hold harmless and defend Brands Countryside in the event of a claim by any person injured by the Owner's Pet.

Owner agree to pay all charges the day Owner picks up his/her pet, and Owner understand that my pet may not leave the premises until all charges are paid in full. There will be a \$20 service charge for each returned check. I understand that any animal left for ten days beyond the estimated date of pick-up will be considered abandoned. Owner acknowledges all of the above information and statements with his/her signature.

Client Signature

Date

Please fill out the following information to the best of your knowledge.

Owner Information:

Name: _____

Address: _____

City, State Zip: _____

Phone: _____

Email: _____

Pet Information:

Pet's Name: _____

Breed: _____

Color: _____ D.O.B. _____

Male Female Neutered/Spayed

Veterinarian: _____

Feeding Instructions: (Please include any medication your pet is taking and the reason why; allergies; also include any special instructions for your pet).
