



## Boarding & Day Care Agreement

Please initial each statement to indicate your agreement with the following terms of services with South Paw Acres.

\_\_\_\_\_ I understand that while SPA agrees to exercise reasonable care to ensure the safety of my pet, unexpected events involving harm, damage or death may occur. I hereby release SPA personnel and volunteers of any liability whatsoever.

\_\_\_\_\_ I expressly agree that SPA's liability shall in no event exceed the lesser of the current chattel value of a pet of the same breed, or the sum of \$200 per pet.

\_\_\_\_\_ I hereby affirm that I have accurately represented my pet's behavioral and medical history in my enrollment application. I understand I have an ongoing responsibility to notify SPA if there is any change in the information provided by me in the enrollment application. I also agree to provide updated shot records every 6 months.

\_\_\_\_\_ Should my pet become ill, I authorize SPA personnel, in their sole discretion, to administer aid and/or utilize care by my designated veterinarian, if available, or by SPA's veterinarian. I understand that attempts to contact me will be made within a reasonable time of such an event.

\_\_\_\_\_ I acknowledge that I am financially responsible for my pet's health, and I agree to assume and pay any and all expenses that may be incurred as a result of reasonable treatment authorized by SPA personnel, in the event I cannot be contacted prior to said treatment.

\_\_\_\_\_ I understand that SPA reserves the right to deny admittance to and/or remove from the premises any pet, at their discretion. In the event that my pet should need to be removed from the premises, I understand that SPA will attempt to contact me at the phone numbers I have given them. In the event I cannot be reached or am unable to remove my pet within two (2) hours of being contacted, necessary steps may be taken to turn my pet over to the proper authorities.

\_\_\_\_\_ I understand that if my pet is left at South Paw Acres past the agreed upon length of stay without contact from me or my designated emergency contact persons, the dog may be considered abandoned, and necessary steps may be taken to turn my pet over to the proper authorities.

\_\_\_\_\_ By my signature below, I acknowledge that my pet's vaccinations are current as defined by law, ordinance, and/or standard veterinary practice, including a vaccination for Bordetella and a negative fecal floatation report, and that my pet is currently spayed or neutered.

\_\_\_\_\_ I acknowledge that I have received and reviewed a copy of SPA's Policies and Procedures, and that I understand and to agree to comply with all of them.

The following person(s) have permission to drop off or pick up my dog, in the event I am unable to do so in person.

Name \_\_\_\_\_ Phone #1) \_\_\_\_\_ Phone #2) \_\_\_\_\_

Name \_\_\_\_\_ Phone #1) \_\_\_\_\_ Phone #2) \_\_\_\_\_

\_\_\_\_\_  
Pet Owner's Signature

\_\_\_\_\_  
Name of Pet

\_\_\_\_\_  
Today's Date