Boarding/Daycare Waiver and Consent Form



Pet(s) Name	Owner(s) Name	
	e safety and well-being of you, your pet(s), and our staff is of the highest eryone remains safe is our priority! This release is required to participate in Late's Bed and Biscuit.	
Please read each statement carefully and acknowledge the following by writing your initials on the line provided.		
	l known risks, dangers, and medical conditions on the registration form and in good health, current on all required vaccinations, free of fleas, ticks, lice last 30 days.	
on-one/group play to include: or dog/person; sprains, strain	ere are inherent risks associated with participating in boarding, daycare, one-exposure to parasites, viruses, other medical conditions passed from dog/dog s, bites, nicks, cuts, broken bones, fatigue, dehydration, or death. I further l risk cannot be listed, nonetheless I agree that the benefits outweigh the risks.	
	I am solely liable for medical care expenses and damages that result from that I will resolve the matter directly with the owner of the other pet(s).	
they feel will pose a hazard to	Miss Kate's Bed and Biscuit has the right to refuse or send home any pet(s) the safety and wellbeing of other pets and/or the staff. We do not accept pets in the last 7 days, pets with open wounds, pets with contagious diseases, or ds people.	
or boarding area and place in	ss Kate's Bed and Biscuit reserves the right to remove my pet(s) from a play a separate holding area should my pet(s) display any unwanted behaviors. I may be permanently removed from boarding and daycare facilities at any	
reasonable attempt to contact the care to be administered, I a	f my pet(s) becomes ill or injured, Miss Kate's Bed and Biscuit will make a me. Should they be unable to reach me or my listed emergency contact as to agree to permit them to use UF Pet Emergency Treatment Services, Ocala. In easible to contact me prior to seeking medical care and incurring an expense.	
	s may check-in/drop-off anytime between 7am and 6pm 7-days a week. Pick-last day of boarding. Pick-up after 2pm will incur a \$15 fee.	
boarding reservations upon bo prior to check in to receive a re	and cancellation policy: A 50% deposit of the total cost is required on all oking (during holidays and weekends). Cancellations must be made 48 hours afund. Deposit will not be refunded if cancelling within 48 hours of scheduled be required to pay upfront the full amount of all boarding fees prior to a future	

Prices and services are subject to change without	ut prior notification.
- MEDICAL AUTHORIZATION: Should my Kate's Bed and Biscuit to take actions they deem as neces of my pet(s). I agree to assume full financial responsibilisactions.	sary to ensure the health, well-being, and safety
- AUTHORIZATION TO PLAY: I affirm that represent that my pet(s) are social and have not harmed or or other pet(s). I understand that although Miss Kate's staff occur. I hereby authorize Miss Kate's Bed and Biscuit to a	shown threatening behaviors towards any person f will monitor playtime, incidents or injuries may
PHOTOGRAPHS, VIDEOS AND STATEM to use my pet(s) visual image(s) and statements in newslett	
I hereby voluntarily release, forever discharge, Kate's Bed and Biscuit and its agents, successors, heirs, rights of action, which are related to, arise out of, or are in activities at Miss Kate's Bed and Biscuit, including thos omissions of Miss Kate's Bed and Biscuit or their staff.	from all liability, claims, demands, actions, or a any way connected to my pet's participation in
By signing this form, I certify that I have fully read, under accept all terms and conditions as stated above.	rstand, and agree to abide by the regulations and
Signature:	Date:
Print Name:	-