

Bridgewater Pet Boarding llc
7596 Austin Road Saline MI 48176
(734) 429-0676

BOARDING CONTRACT

Pet's name _____
Owners Name & Address _____
Phone(home) _____ (cell) _____

Bridgewater Pet Boarding llc agrees to exercise all due and reasonable care to prevent injury or illness to your pet. Your pet will be housed in clean, safe quarters. Your pet will be fed properly and regularly according to the schedule you give us. All pets are boarded or cared for by Bridgewater Pet Boarding llc the owners, and by employees of this boarding facility without liability on our part from loss or damage from disease, death, theft, running away, fire, injury to persons, other pets, or property by said pet or other unavoidable causes.

By signing this contract, you hereby entrust Bridgewater Pet Boarding llc to care for your pet during any stay at the kennel (current or future) and agree to all of the listed below.

I agree to have my pet arrive with updated vaccinations (dog-rabies, distemper, and bordatella) and (cat-rabies, FPRC, feline leukemia). I will bring proof from my veterinarian. I understand if my pet(s) are not vaccinated, Bridgewater Pet Boarding llc may refuse boarding.

If my pet arrives at Bridgewater Pet Boarding llc and fleas are found in the first day, a bath and flea dip will be given and a charge for doing so will be added to my bill, or my pet may be sent home.

I agree to pay daily board at Bridgewater Pet Boarding llc posted rates. If my pet requires special care, I authorize Bridgewater Pet Boarding llc to provide that care and agree to pay for those additional services. I also agree to pay for any services, products, requested by me such as transportation, grooming, food, etc.

I authorize Bridgewater Pet Boarding llc to do whatever they deem necessary for the health and well being of my pet and agree to pay any and all expenses relating to the same. If my pet requires the attention of a Veterinarian while in the care of Bridgewater Pet Boarding llc it will be administered by an available Veterinarian.

I agree that I am solely responsible for any property damage or personal injury that the above mentioned pet may cause through malicious or improper conduct.

I have read this agreement on this date, _____, I understand the terms and have signed freely. This contract is to be considered valid for any and all visits from this date forward.

Owner or Owner's Representative Signature _____

Kennel Representative Signature _____

SEE REVERSE SIGNATURE REQUIRED

Bridgewater Pet Boarding Emergency Treatment Authorization

In the event of an emergency and/or life threatening situation, however unlikely, concerning your precious pet I need to know your wishes. I will be trying to reach you and notify you of the situation so that you can make your own decisions. If however I cannot reach you in a timely manner, and decisions must be made by the Veterinarian and myself these guidelines will be followed to the best of our abilities.

Sometimes a procedure is expensive and/or of poor prognosis and or prone to complications. If your pet needs extraordinary medical measures (anything other than routine care, i.e. vaccinations, heartworm, worming, or minor care) what would you like done?

All fees for medical care are the responsibility of the owner and must be settled with the Veterinarian that treated your pet, or paid directly to me if I have already paid the clinic.

Financial Limitations? **Yes** \$ _____ **Limit** **No Financial limits**
Use the treating Veterinarians discretion as to treat vs. euthanize? **YES NO**
If euthanasia is necessary, please authorize **Cremation** or **Vet handles body**

Veterinarian to contact : _____

Please be aware that I prefer to transport to Bridgewater Vet, if possible. Bridgewater Vet is located in Bridgewater approximately 3 miles west of the kennel. If you prefer that I take your pet to your vet, that could delay treatment due to travel time. Please indicate your preference.

USE ONLY ABOVE LISTED VET

I AUTHORIZE USE OF BRIDGEWATER VET

Your signature gives anesthesia permission if it is required for treatment/diagnosis of your pet. If your feelings about any of these matters change from what is recorded here it is your responsibility to notify Bridgewater Pet Boarding prior to leaving your pet at any given visit. This standing order will remain in effect for this and future visits unless/until you decide to change it.

Please list emergency contacts whom you authorize to make decisions in your absence.

Name _____ Phone H _____ C _____
Name _____ Phone H _____ C _____

DATE _____

SIGNATURE _____