



Amity Woods

Animal Hospital & Lodge

Boarding & Daycare Waiver Consent Form

This form shall apply to all boarding and daycare pets staying at Amity Woods Animal Hospital.

Please read and initial.

I represent that I am the legal owner or authorize by the owner of the pet(s) described in application.

I represent that my pet(s) are in good health, is current on all required vaccinations per AWAH Policy.

I represent that my pet(s) is free of fleas/ticks and if found, will be treated per AWAH and is owners' financial responsibility.

I understand that while my pet(s) are fully vaccinated, that vaccines are not guaranteed and there is a small risk that my pet(s) may contact a contagious disease or illness. I agree that should this occur I am responsible for my own pet's care, medical attention, and cost. _____

I release AWAH, its staff, owners and any representatives for any and all liability which I or my pet(s) may suffer including but not limited to injury, sickness, damage or death resulting in participation in daycare or boarding. _____

I understand that although all dogs are fully supervised, incidents or injuries may occur from playing with other dogs, which include but not limited to bites, scrapes, scratches or sprains. _____

I represent my pet(s) is social and not harmful toward any person or other animal. _____

I allow AWAH to seek medical care by a veterinarian as they see fit during my pet(s) stay. _____

I understand if pet(s) is left in our care without payment or contact for 5 days of scheduled discharge date, pet(s) will be deemed abandoned and hereby authorize rights to AWAH . _____

I understand that AWAH does not have medical staff after hours (5:30p – 7am M-F) _____

I request my pet(s) to be taken too MU Emergency _____ or Blue Pearl _____ in event my pet(s) need medical treatment after hours and will be responsible for cost with clinic chosen.

This is a required form for all **Amity Woods Animal Hospital and Lodge** participants receiving services.

First and foremost, the safety and well-being of your pet(s) is of highest importance. Ensuring that your pet remains safe and well cared for is our first responsibility and as such we take it very seriously. We do our best to have our pet parents screen for pre-existing health conditions but some factors may be beyond our control. If a medical emergency arises while a pet is at our facility or participating in a service that we provide it is imperative that we are immediately able to get them medical treatment to the chosen hospital. Your pet(s) will be rushed to the facility for treatment, and you will be notified. We notify the owner after we secure medical treatment center for the animal to avoid delays that may be caused by emotion on part of the owner. Our goal is to get your pet medical attention as quickly as possible, and any distractions may interfere with that process. I authorize **Amity Woods Animal Hospital** for all care listed above under my expense and responsibilities.

Signature _____

Date _____