University Pet Resort Contract

LIMITS OF LIABILITY

University Pet Resort cannot guarantee the health of any animal, but pledges to give appropriate care to all boarded pets. By signing below, I agree to hold University Pet Resort harmless for conditions that are often unavoidable in boarding environments, including, but not limited to, weight loss, diarrhea, upper respiratory infections or tracheobronchitis (kennel cough). Further, I agree to hold University Pet Resort harmless for any loss, disease, or injury to persons, property or other pets caused by my pet or inflicted on my pet by another boarded animal.

LOSS OF PROPERTY WAIVER

University Pet Resort is not responsible for personal articles. Although every effort will be made to care for these items, if any item is left with your pet during boarding or daycare, they are left at your own risk.

PAYMENT OF FEES

I understand that all fees are due and payable upon my pet's departure, and that there is a \$25 fee assessed to all returned checks.

DESTRUCTION OF PROPERTY

I understand that University Pet Resort will recommend lodging accommodations based on my pet's age, gender, breed and temperament in order to avoid destruction of property. In refusing our recommendations you are agreeing to pay for any and all facility damage caused by your pet. Pets may also be moved during their stay if there is an indication of destructive or anti-social behavior, this may result in additional charges. If a pet proves to be destructive even after the necessary precautions have been taken then a \$50 deposit will be taken for each stay. This deposit will be returned if the pet does not harm University Pet Resort property.

CONTINUING AGREEMENT

I agree that by executing this agreement, provisions here of constitute a continuing agreement between myself & University Pet Resort for all subsequent boarding of pet.

Emergency Instructions

If your pet becomes sick during his/her stay with us, your pet will be examined at Merced Animal Medical Center. Uncomplicated problems such as diarrhea will be treated, however potentially more serious problems may warrant diagnostic testing and even x-rays. <u>Any costs incurred are the responsibility of the pet owner.</u>

I understand that in the event of an emergency, if Merced Animal Medical Center is unable to reach me or my emergency contact they must proceed immediately to prevent any undue suffering and even death. Therefore, I am authorizing the following for_____:

<mark>Pet's Name</mark>

Date

____Proceed with all necessary treatments and surgery including emergency resuscitation

____Proceed with all necessary treatments and surgery, but do not resuscitate

___Proceed up to \$ _____ until I can be reached

____Keep my pet as comfortable as possible until I can be notified, I authorize the use of pain medications.

____If my pet is suffering and humane euthanasia is the doctor's recommendation, please do so.

Please provide us with your contact information and also list any friends or family members who you give permission

to authorize any medical treatment if you are unavailable to do so:

Emergency Contact # 1	Phone Number
Emergency Contact #2	Phone Number
Emergency Contact #3	Phone Number

Also, if I have not provided written proof of current vaccinations administered by a licensed veterinarian, I authorize Merced Animal Medical Center to examine, vaccinate, and treat my pet for any internal or external parasites that are found. I understand that I will be responsible for all charges and fees associated to the medical care of my pet at Merced Animal Medical Center prior to pick up.

Signed _

I have read, understand and agree to the above policies.