

Fairview Animal Hospital
Deluxe Boarding Waiver

I, _____, hereby certify that my pet(s) _____ is/are in good health, on monthly flea and intestinal parasite prevention (12 months a year) and have not been ill with any communicable condition in the last 30 days. I further certify that my pet(s) have not harmed or shown aggressive or threatening behavior towards any person or any other pet. I have read and understood the following:

I understand that I am solely responsible for any harm or damage caused by my pet(s) to persons or property of the Owners, employees, licensees, invitees of Fairview Animal Hospital, or any other pets.

I further understand and agree that in admitting my pet(s) to the facility, Fairview Animal Hospital staff have relied on my representation that my pet(s) is/are in good health and have not harmed or shown aggressive or threatening behavior towards any person or any other pet.

I further understand and agree that, Fairview Animal Hospital and their staff and volunteers, will not be liable for any problems which develop, provided reasonable care and precautions are followed, and I hereby release and discharge them of any and all damages, liability and/or causes of action of any kind of accident, damage or injury whatsoever arising from my pet(s) attendance and participation at the facility.

I further understand, consent and agree that should any problem or injury occur with my pet(s) which needs medical attention, the veterinarians and staff at Fairview Animal Hospital are authorized to provide medical treatment as needed. I agree to assume full financial responsibility for any and all expenses involved in such treatment. I understand payment for any such necessary services will be due at the time I pick up my pet.

I recognize that there are inherent risks of illness or injury when dealing with animals. Such risks include, but are not limited to, problems resulting from rough play and Bordatella (Kennel Cough). I am aware that my pet might show signs of fatigue as well as soreness from excessive playing.

I am aware that my pet will co-mingle with pets owned by different owners while staying at Fairview Animal Hospital.

I certify that I have read, understood and agree with the policies of the Fairview Animal Hospital as set forth on the preceding pages and that I have read, understood and agree with the conditions and statements of this agreement.

Signature of

Owner: _____ Date: _____

Name of Owner:

(Print) _____