



915 Highway 158 West  
Roanoke Rapids, NC 27870  
252-308-1882 Fax 252-308-9988

I understand you CANNOT guarantee the health of my pet. I understand and will not hold the clinic responsible for conditions that are unavoidable in boarding kennels, such as but not limited to weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea, and fleas. I understand ALL pets admitted to the clinic must be protected against communicable contagious disease and must be free from internal and external parasites or will be treated on entry or discovery at the owner/agent's expense. If vaccinations were performed elsewhere, I can provide written documentation of the vaccinations administered by a licensed veterinarian within 24 hours of notification to do so in the event of my pet should bite any person or other pets while on the clinic premises.

I understand that in the event of my pet's illness, the staff will immediately attempt to contact me or my agent to discuss the problem and treatment options, but if unable to contact me immediately is therefore authorized to initiate appropriate treatment (including but not limited to sedation and emergency treatment) until my agent or I can be reached. I agree to pay, in full, all charges for necessary services rendered for and to my pet.

**If any problems are observed or develop: (owners please initial one option)**

- Please treat my pet as required, you need not call me.  
 Perform only emergency and supportive care. Notify me for permission to begin any other treatment.  
 DO NOT perform any diagnostics &/or treatment until I am notified and consent is given.

**I understand the clinic is not responsible for loss or damage to personal items left with my pet.**

The clinic is to use all reasonable precaution against injury, escape, or death of my pet. The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand any problem that develops with my pet will treat as noted above and I assume full responsibility for the treatment expense incurred.

If I neglect to pickup my pet within 5 days of the date scheduled for discharge, and do not notify you within that time period, you may assume the pet is abandoned and are hereby authorized to dispose of the pet, as you deem best or necessary.

**I have been provided with a copy of the boarding policy explaining boarding policy and regulations.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Pet's Name