

LIABILITY WAIVER AND PET RELEASE

Owner(s) are responsible for payment when pet is dropped off. Any additional fees owed are due, in full, upon pickup.

1. Most pets will display some sort of stress related to being away from their family, this can be in the form of; depression, lack of appetite, diarrhea, vomiting or anxiety. This is normal and a Veterinarian will be contacted if the problem persists while in our care. You, as owner, are responsible for any veterinary costs incurred for treatment of your pet(s). We reserve the right to change your pet's type of boarding if we believe it is necessary to protect the health and well-being of your pet, other pets, or our staff. Owner agrees to pay any additional costs associated with the change.
2. Urban K9 cannot actively monitor your pet(s) 24 hours a day. **By leaving your pet in our care, you assume the risk that your pet may injure itself.** For instance, some pets experience separation anxiety and chew on walls or gates, leading to tooth or mouth injury. Urban K9 will make every effort to prevent and/or address such self-destructive behavior while your pet is in our care. However, Urban K9 is not responsible for damage that your pet may inflict on itself. If you suspect that your pet may seriously injure itself, we recommend that you make other arrangements for care. Owner agrees to be solely responsible for any and all acts or behaviors of Owner's pet while in the care of Urban K9.
3. If your pet becomes aggressive, fear bites or displays negative behavior that puts the staff at risk you may be called and you or a designated representative on your behalf must pick-up the pet
4. Dogs must be parasite free. If we find parasites on your dog, they will be given a flea/tick bath at owner's expense. Topical treatment may be used for heavy infestation.
5. If your canine causes serious damage to a kennel, fence, play area or yard, the Owner is liable for any repairs that need to be made.
6. We must be notified 24 hours in advance if you will not be able to pick up your pet on the agreed date. Owner will be responsible for any additional charges for extending the pet's stay.
7. A pet that is unclaimed at Urban K9 for 10 days beyond its scheduled discharge, without notice from Owner of extending the boarding dates, is considered abandoned and will become the property of Urban K9. Every effort will be made to contact Owner if abandonment becomes an issue. Once the pet becomes the property of Urban K9, we have the right to re-home the pet at our discretion.
8. By signing this agreement, owner agrees that the pet shall not leave the kennel until all charges are paid in full to Urban K9.

To the best of my knowledge my pet(s) are healthy and do not suffer from any other conditions than those listed under instructions. Furthermore, I understand that Urban K9 is not responsible for any damage that my pet inflicts on itself while in Urban K-9's care. I understand and acknowledge this pet release/liability waiver.

Signature: _____

Date: _____

Printed Name: _____

Emergency Release Form

To Whom It May Concern:

In the event of illness, injury or disaster relating to my pet(s) listed below:

DOG'S NAME	BREED	DOB	SEX	Altered? Yes/No	WEIGHT

List additional pets on back of form.

I hereby request that URBAN K9, or acting representative, take the above mentioned pet(s) to one of the following: (If no preference, mark both. We will take your pet(s) to the vet with the soonest appointment.)

Desert Vet **Chaparral Vet**

Every effort to contact you, as the pet's owner, will be made before any recommended treatment is approved. In the event you are unreachable, you give permission to URBAN K9 or acting representative to approve treatment up to:

\$ _____ or **Unlimited amount**

If the above checked Veterinary Hospital is not available, another Veterinarian may be acceptable. If emergency care is needed after regular office hours, during a disaster or crisis, my pet(s) may be taken to the clinic and veterinarian on call.

I, as pet owner, will assume full responsibility for payment of Veterinary services rendered when I pick up my pet(s).

Print Name: _____

Best number to reach you: _____

SIGNED: _____ DATE: _____

Authorization for Release of Records

I hereby consent release of all medical records pertaining to the patient(s) listed below.

I therefore request for _____
(name of your current veterinary clinic and phone number)

to release all medical records to: **Desert Veterinary Clinic, FAX 928-783-7971** or
 Chaparral Veterinary Clinic, FAX 782-3617

Owner's Name: _____

Patient's Name: _____

Breed: _____ **Species: Canine**

Age: _____ **Sex:** _____ **Color:** _____

Patient's Name: _____

Breed: _____ **Species: Canine**

Age: _____ **Sex:** _____ **Color:** _____

Patient's Name: _____

Breed: _____ **Species: Canine**

Age: _____ **Sex:** _____ **Color:** _____

Patient's Name: _____

Breed: _____ **Species: Canine**

Age: _____ **Sex:** _____ **Color:** _____

Signed: _____ **Date:** _____