

Central Park Pet Retreat Boarding Agreement

Pet Owner: _____ Vet: _____
 Address: _____ City: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Email Address: _____

Has your pet ever bitten anyone? _____ If yes explain: _____

Is your pet spayed or neutered? _____

I authorize Central Park Pet Retreat to seek medical attention for my pet up to \$ _____

Pet Information:

Name	Breed	Age	Color	Sex	Vacc. Cert

I the owner of the above pet/pets, certify to the accuracy of all the information given above about my pet/pets and grant permission to Central Part Pet Retreat to obtain on my behalf and in my pets best interest, the veterinary care necessary to treat illness or injury. I agree to pay all veterinary and other necessary services incurred by and for my pet during its stay at this facility.

This pet center agrees to exercise all due responsible care to prevent injury or illness to my pet. However in the event of illness or injury, the owner and employees of this facility shall not be held personally liable for such illness or injury.

I agree to pay all charges the day I pick up my pet/pets, and I understand that my pet/pets may not leave the premises until all charges are paid in full.

Owner: _____ Date: _____ Kennel rep: _____