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www.bbvh.com

Boarding/Daycare Liability Waiver And Service Agreement

Date:	
Owner's First Name	Dog/Cat Name
Owner's Last Name	Dog/Cat Name
Email Address	Dog/Cat Name
Home Phone	Cell Phone
Please acknowledge the following policy statements by writing please do not complete this form, and contact Back Bay Veter	g your initials in the boxes provided. If you do not agree to all statements, rinary Hospital (BBVH) directly for more information.
BY SIGNING BELOW, in consideration of the services render reading, understanding, and accepting the statements herein.	red by Back Bay Veterinary Hospital to my dog(s) and/or cat(s), I acknowledge
AGREEMENT TO PARTICIPATE AND LIABILITY WAI	VER
I understand certain "activities" that my dog may participate in	, including daycare, boarding, one-on-one play.
 Exposure to parasites, viruses, and other medical co Sprains, strains, bites, broken bones; Fatigue, dehydration, nicks, cuts, or death. 	nditions passed from dog-to-dog or person-to-dog;
dog socialization outweigh the possible risks, therefore, I here indemnify Back Bay Veterinary Hospital and its agents, succe action, which are related to, arise out of, or are in any way cor	be listed above but, nonetheless agree that the benefits associated with bey voluntarily release, forever discharge, and agree to hold harmless and ssors, heirs, from any and all liability, claims, demands, actions, or rights of nnected with my dog's participation in activities at Back Bay Veterinary t acts or omissions of Back Bay Veterinary Hospital or their staff.
dog bites. Therefore, I hereby voluntarily release, forever disc Veterinary Hospital, its agents, successors, heirs from any and are related to, arise out of, or are in any way connected with n	ting in activities at Back Bay Veterinary Hospital. Such risks outside the facility, such as from falling, slipping, illness, and/or charge, and agree to hold harmless and indemnify Back Bay d all liability, claims, demands, actions, or rights of action, which
AUTHORIZATION OF MEDICAL CARE	
If my dog is ill or injured while participating in activities at BBV pursuant to the contact information I have provided BBVH. Ho seeking appropriate veterinary care and I accept responsibility portion of veterinary expenses associated with seeking medic	owever, if BBVH is unable to reach me, I consent to BBVH y for any and all associated expenses. BBVH will not pay any
ALLERGIES, SPECIAL DIETS, MEDICATIONS	

I agree that I will disclose to BBVH any allergies my dog may have. I further agree to disclose to BBVH any special dietary needs or medications my dog may require if necessary during activities at BBVH. I also understand that there are additional

fees for administering medications to my pet while boarding.

PHOTOGRAPHS, VIDEOS AND STATEMENTS		
I authorize use of my dog's visual image(s) and statements in newsletters, p	osters, social media and other materials.	
VICIOUS TENDENCIES		
I affirm that I am not aware of any vicious tendencies by my Dog. I represer or shown threatening behaviors towards any person or any other dog. I und dog from the play area and place my dog in a separate holding area if my do understand that BBVH reserves the right to permanently remove a dog from	erstand BBVH reserves the right to remove my og displays any unwanted behaviors. I also	
AGREEMENT TO PAY		
BBVH accepts cash or credit cards. I agree to pay the service rates in effect to pay for any additional services requested such as grooming or bathing. A paid in advance will be charged to Client's credit card. All services must be p	valid credit card must be kept on file at all times. Cha	
Daycare: There are no refunds for partial daycare. Daycare available 6 days a week during office hours.	Check in and Check out only during open office Check in/check out: 7:00 a.m 7:00pm Monday Check in/check out: 8:00am - 4:00pm Saturday	/-Friday
Boarding: All boarding cancellations must be made 24 hours prior to check in. A 50 % deposit of the total cost of reservation is required upon booking. A full refund may be given if cancelling 72 hours in advance.	If cancelling within 24 hours, deposit will not be No shows will be charged the full amount of res	
Price for boarding may change without notice. Payment for services reno pet(s) released AFTER 12:00 NOON (check-out time) WILL BE CHARGED not charged for the last day of boarding and pick-up is after 12:00 noon.		
VACCINATIONS AND PARASITE PREVENTION		
I understand that while my dog is fully vaccinated that vaccines are not guara a contagious disease or illness. I agree that should this occur I am responsib allow 7 days waiting period after my dog has had their vaccinations to allow t ensure my dog has not had any negative reaction to the vaccines. Should I a Daycare and Boarding Facility less than 7 days after vaccination i understand virus/disease.	le for my own pet's care and medical attention. I agre he vaccinations to reach full protection potential and llow my dog to stay at Back Bay Veterinary Hospital	ee to to
All pets staying within BBVH must be free of external and internal parasites. with an anti-parasitic medication at additional expense to the owner.	Any petsfound to have parasites will be immediately	treated
If fleas are present on my pet, an application of topical flea control will be app	olied at the single dose fee.	
 If your pet is to be picked up by someone other than you fill in the 	ne provided form.	
 All leashes and collars should be removed. We provide bedding during their stay. 	and food dishes for all pets so they are com	fortable
 This agreement is valid from the date below and grants permiss additional authorizations each time BBVH cares for my pet(s). The time or any time in the future indicates approval. 		
• There is no 24 hour personnel on site. I understand that the hos	pital is NOT staffed after hours at night.	
Signature Dat	e	