

Pet's Name:

Owner's Name:

Statement of Kennel Policy:

1. A full day's board is charged for all overnight stays. No additional days are charged for pick up by 11am. There is a half day charge if pick up is made by 4pm. Sundays have no half day charge but a full day is charged after 4pm.
2. Pets must be picked up between 7:00am and 5:30 pm Monday-Friday, and between 9:00am and 5:00pm Saturday-Sunday. Discharges after hours are not allowed. Please let us know when you are picking up so we can have your pet ready for you. Bathing is done the day before or the day of departure if requested.
3. Personal items may be left at your own risk. We are not responsible for loss or damage. Please label them accordingly. You **must** let us know if your pet is destructive. You will be financially responsible for articles such as but not limited to beds, blankets, leashes etc. that are damaged during their stay if we are not notified. **WE DO NOT ACCEPT BEDS.**
4. Tender Touch Veterinary Hospital cannot guarantee the health of any animal, but pledges to give appropriate care to all boarded pets. We make a concerted effort to keep our kennels as clean and sanitary as possible. I hold this facility harmless for conditions that often are unavoidable in boarding environments, including, but not limited to, weight loss, rough hair coat, kennel cough, upper respiratory infection, diarrhea, and fleas. By signing below, you understand that we assume no responsibility for injuries incurred.
5. **Should the pets identified on this record become ill, I request that Tender Touch Veterinary Hospital provide any treatment it deems necessary, with fees not to exceed \$_____. I acknowledge that in the event of my pet's illness, the staff at this veterinary facility may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I (or the pet's agent) can be reached. I agree to pay all related expenses associated with the treatment of my pet until I am available to discuss further care and fees with the attending veterinarian.**
6. **I wish for my pet to play/socialize with others during their time here. I understand that injuries and/or illness can occur through direct contact. I agree to not hold Tender Touch liable for anything that may occur. My initials signal my direct consent to this condition.** _____

I agree to make complete payment to Tender Touch Veterinary Hospital upon pickup of my pet. I certify that my pet appears to be free of contagious disease and has not bitten anyone within the past ten days. They have been treated with flea/tick preventative within the past 30 days. I understand that if my pet does display signs of illness they will be tested and/or treated accordingly. I understand that if I fail to pick up my pet within ten days of notification to the above address, my pet will be considered to be abandoned and will be handled in accordance with Maine state law, and that doing so does not relieve me of my financial obligations. I also understand that the facility may not be staffed overnight, and that from the hours of 6pm to 7am there may not be continuous care or supervision provided. I agree to not hold Tender Touch liable for any transgressions that may occur during this time.

I have read the above and I am in full agreement

Signature of Owner or Agent

Date