

WAIVER OF RESPONSIBILITY: DOG BOARDING

Owner/Agent _____ P _____ (office use only)

Animal Name(s) _____ A _____ (office use only)

Phone Number(s) _____

Address _____

Email _____

Emergency contact _____ Phone _____

Veterinarian _____ Phone _____

<p>PRICES</p> <p><input type="checkbox"/> \$26 per day for dogs 0-40 lbs.</p> <p><input type="checkbox"/> \$30 per day for dogs 41 lbs. and over</p>	<p>TYPE OF FOOD</p> <p><input type="checkbox"/> PHS food</p> <p><input type="checkbox"/> Own food (\$1 charge per day)</p>	<p>FEEDING INSTRUCTIONS:</p> <table><tr><td><input type="checkbox"/> 1/2 cup</td><td><input type="checkbox"/> AM/PM</td></tr><tr><td><input type="checkbox"/> 1 cup</td><td><input type="checkbox"/> AM ONLY</td></tr><tr><td><input type="checkbox"/> 1½ cups</td><td><input type="checkbox"/> PM ONLY</td></tr><tr><td><input type="checkbox"/> 2 cups</td><td></td></tr><tr><td><input type="checkbox"/> 3 cups</td><td></td></tr></table>	<input type="checkbox"/> 1/2 cup	<input type="checkbox"/> AM/PM	<input type="checkbox"/> 1 cup	<input type="checkbox"/> AM ONLY	<input type="checkbox"/> 1½ cups	<input type="checkbox"/> PM ONLY	<input type="checkbox"/> 2 cups		<input type="checkbox"/> 3 cups	
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<input type="checkbox"/> 2 cups												
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Other Feeding Instructions: _____

Medication Instructions: _____

IMPORTANT: Medication must be in the original container with the name of the drug, strength, dosing instructions, and the name and phone number of the prescribing veterinarian. PHS will follow the dosing instructions on the bottle. Clients cannot change the dosing info.

I hereby notify the Pasadena Humane Society & SPCA of the following conditions of the animal(s) listed above (medical issues, vaccine waiver, special permission, etc.):



I understand that while the Pasadena Humane Society & SPCA provides 24 hour security, it does not have the resources to provide this animal with overnight supervision.

_____ (initials)

I understand that I accept full financial responsibility for any necessary veterinary care provided while under the care of the Pasadena Humane Society & SPCA. If urgent care is required, I understand my dog(s) will be transported to a veterinary hospital and I am responsible for all costs.

_____ (initials)

I understand that Pasadena Humane Society & SPCA does not recommend boarding dogs over the age of 10 years, or the age at which the breed is considered geriatric, or dogs under six months of age due to their underdeveloped immune systems.

_____ (initials)

I understand that Pasadena Humane Society & SPCA cannot board dogs that have been diagnosed with medical conditions such as epilepsy, heart conditions, liver problems, neurological disorders, diabetes, Cushing's, hypertension, and mobility issues.

_____ (initials)

Owner understands that if the pet is left for a period of three (3) days beyond agreed pickup date without contact from the owner, or responsible party, or for non-payment of boarding fees, the dog will be considered abandoned, turned over to the shelter and become property of the Pasadena Humane Society & SPCA.

_____ (initials)

RELEASE OF LIABILITY: For myself, my spouse, my heirs, administrators, and assigns, I hereby release and forever discharge the Pasadena Humane Society & SPCA, its board of directors, officers, and staff from any and every claim demand, action, or right of action, of whatever kind or nature, either in law or in equity, arise from or by reason of any bodily injury or personal injuries known or unknown, death, or property damage that may occur as a result of my participation in any activities, authorized by the Pasadena Humane Society & SPCA related and/or not related to the animal(s) I am boarding.

Signature of Owner of Agent _____ Date _____

PHS Staff Initials _____