

Boarding Waiver - Canine

Please review the following information for your pet's boarding stay:

Accommodations: I hereby entrust Cascade Hospital for Animals (CHFA) to care for my pet during his/her boarding and/or daycare stay. I understand that all pets are handled and cared for by CHFA staff without liability on Cascade Hospital for Animals' part for loss or injury from disease, theft, fire, death, injury, or harm to persons, other pets, or property. CHFA will provide accommodations deemed appropriate for the safety, health, and comfort of my pet. I understand that if my pet experiences discomfort from stress-induced vomiting or diarrhea, CHFA will have a veterinarian assess the symptoms and prescribe medications if needed, the cost of which will be my responsibility.

Emergency or Illness: I have provided a contact number(s) to reach me in case of an emergency, or an alternate contact person who is able to authorize treatment if I cannot be reached. In the event of an illness or emergency, CHFA will attempt to contact me or my alternate contact at the phone number(s) provided; however, if I cannot be reached within a reasonable length of time, I authorize CHFA to treat my pet as needed for his/her health, well-being and comfort, and I agree to pay for any expenses that may be incurred.

Boarding Requirements: I understand that I am responsible for providing a vaccination record verifying my pet is current on vaccinations including Rabies, Distemper/Parvo, Bordetella and Canine Influenza (H3N2/H3N8 Bivalent or H3N2 Monovalent). If I fail to bring proof of vaccinations or CHFA is unable to contact my veterinarian to verify proof of vaccinations, my pet will be seen by a CHFA doctor for a physical examination and administration of required vaccines. I agree to pay all charges associated with these services. I affirm that my pet is free from parasites as evidenced by a negative fecal test within the past 6 months. I also agree that if fleas are found on my pet, CHFA will treat them appropriately and I will be charged for medication.

Personal Belongings: I understand that pets may tear, chew and/or swallow items left in the kennel during boarding including their own collar or the collar of a kennel mate. I accept all financial responsibility for any medical or surgical intervention that may be required should my pet develop medical problems as a result of any items I have requested be left in the kennel. I am aware that my pet is not supervised at all times. I also understand that any item I leave may be lost or damaged.

Inherent Risks: I understand that sending a dog to any dog activity center, such as boarding and daycare, is similar to sending a child to school, in that there is an increased risk of exposure to communicable diseases. In a doggie daycare environment, the upper respiratory pathogens that cause Tracheobronchitis (kennel cough) exist in several different strains (similar to the flu in humans). Although vaccinations are required to prevent outbreaks, vaccines cannot protect against every strain, meaning there is still a chance that my pet may become ill. I accept this risk because it is outweighed by the benefit of having my pet board and/or play in my absence.

Doggie Daycare: I understand that my pet may be involved in water play with a visit to The Crate Escape during warmer weather and may be damp when picked up from the day's activities.

Bath: I understand that if my pet is staying more than one night, CHFA will charge me a nominal fee for a clean-up bath on the check out day.

Abandonment: Should my pet remain unclaimed after the date that I have stated as the pick-up date, written notice will be mailed to my address. Seven days after such written notice, I understand that my pet will be considered abandoned. It is further understood that such action will not relieve me from paying all accumulated charges, including boarding or grooming.

Photos: I understand that by allowing my pet to participate in services offered by CHFA I hereby agree to allow CHFA to use photographs or images taken of him/her in print form or otherwise for publication and/or promotion. All images are the property of Cascade Hospital for Animals and will be used as needed only by Cascade Hospital for Animals.

I have read the foregoing and agree. I am the legal owner and financially responsible party.