



W5037 Rock Road
Appleton, WI 54913

(920) 358-7884

www.meadowviewkennels.com

Pet's Information

Name: _____ Date of Birth: _____

Breed: _____

Description: _____

Owner's Information

Name: _____

Address: _____

Phone: _____

Email Address: _____

How did you hear about us? _____

Vet Contact Information

Clinic Name: _____ Phone: _____

Emergency Contact Information

Name: _____ Phone: _____

Please Initial The Following

_____ By assigning this person as an alternate contact, you authorize this person to make any medical decisions on your behalf, at your expense in the event we cannot reach you.

_____ I/We certify to be the legal owner(s) or agent (hereafter referred to as "owner") of the pet named above (hereafter referred to as "pet").

_____ I understand that certain activities that my pet may participate in, including but not limited to: boarding and/or play, involve risk to pet and possible injury and illness. This includes, but is not limited to:

- Exposure to parasites, viruses, and other diseases passed from pet to pet or person to pet;
- Bites, lacerations, sprains, broken bones, paralysis, orthopedic injuries;
- Illness including diarrhea and vomiting, fatigue, dehydration, heatstroke, and even death.

_____ I understand that pets boarding at MeadowView Kennels are in an open environment where pets will freely interact and may play roughly. While MeadowView Kennels takes all responsible safety measures and precautions, I understand that MeadowView Kennels will not be liable for any injury or illness to pet while in the care of MeadowView Kennels.

_____ I understand that if the pet becomes ill or injured during their stay, MeadowView Kennels will make every reasonable effort to reach owner pursuant to the contact information owner has provided. However, if MeadowView Kennels is unable to reach owner in a timely manner, owner consents to appropriate medical care to the pet as deemed necessary. Owner agrees to be fully financially responsible for any and all costs incurred. If emergency situations occur, we will stabilize pet and contact owner as soon as possible.

_____ I understand that any items/articles brought for use during boarding are owner's sole risk.

_____ I authorize the use of pet's visual image(s), both in print and digital format, and statements made by owner, in newsletters, posters, website, social media, and other materials, both physical and digital.

In the event that no emergency contact can be reached, I authorize up to \$_____ before stopping care.

Owner guarantees that pet is in good health (unless otherwise disclosed below) and is fully vaccinated, including Rabies, Bordetella, and DHPP vaccines and flea/tick prevention at least 48 hours prior to boarding. Owner certifies that to his/her knowledge pet has no history of fighting or aggression and has never bitten a human or other pet (unless disclosed below).

Disclosure of medical conditions, illness, and/or behavioral issues:

I have read and agree with all terms of this agreement.

Please sign and date.

Print Name

Signature

Date

