

## **Rabbit Boarding Registration**

Pet's Name:			
Weight:			
Feeding Instructions:			
Own Supply (specify brand):			
How many times a day: Twice Daily	Three Times Daily		
When was the last time your rabbit ate?			
Medication Name	Dosage	Frequency	
Please ask Attendant for administration p	prices.		
When was the last time your rabbit ha	d medication?		
Other Medical Problems: Has your rabbit been seen by his/her rewellness visit? No Yes If Yes, please describe:	egular veterinarian in the la	st 6 months for anything besides	s a
Does your rabbit have any cuts, scrap No Yes If Yes, please describe and indicate locat	•	e should be aware of?	
Do you have any concerns or comme If Yes, please describe:	nts? No Yes		
How often does your rabbit eliminate?	1		

	or other behavior Yes		we should be aware ult of a medical cond	of (i.e. plays in water dish, lition)?
Optional Service (\$8.00 for a ½ h				
Sunbathing Tim EOD		Twice a day	None	
(\$8.00 each for a Pen Playtime:	a 15 minute sessi	on)		
EOD	Once a day	Twice a day	None	
Your pet's health and happiness is our primary concern. If the animal attendants notice a medical problem they will attempt to contact your emergency number. An emergency contact number MUST be provided upon check-in. The emergency contact person MUST be an adult, capable of making decisions for you regarding your pet's health and able to be reached within the continental U.S. Please note that whomever you choose as your emergency contact they are authorized to make medical decisions for your pet. You will assume all financial responsibilities for approved medical services provided during your pet's stay. Should a life threatening (critical) medical condition occur during their stay and attempts to reach your emergency contact are unsuccessful medical decisions regarding your pets care will be made by the animal attendant on duty. You will be responsible for all medical charges associated with the management of this event.  Emergency Contact and Number(s):				
Client Signature	e		Date	

Pet's Name:



## Consent to Treat Form – Boarding Rabbit Social Media Form Release

Pet Name:
Name:
Address:
Home Phone:

We would like to know how to proceed if your pet develops one of the more common medical problems that can arise while boarding. Our primary concern is ensuring your pet's comfort and his/her ability to receive rapid medical treatment should problems occur. Muddy Creek does not provide veterinary services for ferrets at this time. Therefore your pet will be transported to another facility should medical services be required.

Common Boarding Ailments					
No stool production	Lethargy	Persistent lack of appetite	blood in urine		
Stress colitis (diarrhea)	head tilt	fur loss	eye discharge		
Muddy Creek Animal Care Center will transport my pet for the above conditions or any urgent medical issue (as deemed by our boarding staff), should they occur. I realize that Muddy Creek does not provide veterinary services for rabbits. I assume full financial responsibility for medical services provided. A Muddy Creek attendant will transport a pet to a veterinary office located within ten miles of Muddy Creek.					
Please select from one of the follow Should medical services be required					
services. In the event the office is unveterinary office is aware should me I will plan on settling charges with my Veterinary	nreachable, I realize my edical care be required my veterinarian office of office:	Muddy Creek will be taking upon my return.	Veterinary Hospital. My my pet(s) to their office.		
City/Towr	1:	State	<u> </u>		
Telephone	#		-		
In the event medical care is Veterinary Hospital.	required for my pet; I	would prefer my pet be taken	directly to Bulger		
The above conditions have been expany exams, diagnostics and treatment		lerstand that I am responsible	for all costs incurred for		
Please select whether you approve below:	C		's photos as outlined		
I hereby give Vetcor and Muddy Creek other social media applications. I also g organization in printed publications, ph	grant permission for Veto	rmission to use photographs of a cor to publish photographs of my			
Client Signature:		Date:			



## **Boarding Contract**

Date:
Pet Name:
Account Number:
Client:
Address:
Home Phone:
All animals are boarded, handled or cared for by us without liability on our part for loss or damage from disease, death, fire, injury to persons, other animals or property by said animals, or other unavoidable causes.
Each animal is insured up to \$2,000. Each occurrence is insured up to \$50,000.
If an animal becomes seriously ill, we will attempt to notify the owner or emergency contact person. In the event the owner does not immediately inform us of desired measures to be taken, or if the state of the animal's health demands immediate action, we reserve the right to have our veterinarians or those within the VetCor network of hospitals administer necessary medical treatments within our discretion or judgment. Such expenses shall be paid for by the owner upon dismissal of the animal.
Some exotic pets are considered prey animals and may become extremely stressed in a boarding environment. Although rare, such stress can lead to death in exotic pets. I understand and assume the risk associated with boarding exotic pets.
If an animal is not picked up within 30 days after the scheduled discharge date, it will be disposed of by us as we see fit. Notice in writing of such intent will be mailed to the owner by registered mail at the address given hereon. The owner shall be held liable for all charges.
We are not responsible for the loss or damage of any belongings, such as blankets or toys that are brought in with the animal.
The owner represents that he/she is the legal owner of said animal and that said animal is not mortgaged in any way. The above mentioned animal(s) has/ have not been exposed to distemper, parvo virus, rabies or kennel cough within the last 30 days.
I have read and been advised of common boarding ailments that may occur during boarding. I understand these protocols and the measures that will be taken should my pet become ill. I agree to pay all associated fees that may incur due to medical treatment provided by Muddy Creek Animal Care Center and/or Bulger Veterinary Hospital upon dismissal of my pet.
Client Signature: Date: (owner or appointed guardian of animal)
This contract is legally binding and will be a part of the animal's permanent record.