



RABBIT BOARDING AGREEMENT

Date of Admission _____ Time _____ a.m/p.m.

Date of Release _____ Time _____ a.m/p.m.

Owner's Name Miss Ms. Mrs. Mr. Dr. _____
(Last) (First)

Home Phone (_____) _____

Emergency: Vacation #:(_____) St. Louis #: (_____) _____

Pet's Name: _____

Medicine: _____

Special Instructions: _____

Feeding Instructions: _____

Pellets: amount per day _____ ; #servings/day _____

Hay: amount per day _____ ; #servings/day _____

Treats: _____

- Supplies: Cage _____
- Harness _____
- Bedding _____
- Food _____
- Toys _____
- Bowls _____
- Medications _____
- Other _____
- Other _____

Nail Trim Yes No Charge=\$___/___(initial) Daily Cage/Run Charge \$___/___(initial)

***All Rabbits are required to have a physical exam within the last year.

***On the day of discharge, please call in advance to set up a release time. There will be pets released on Sundays or holidays. If you cannot pick up your pet on the discharge date as scheduled, please contact the clinic.

***We will not be held liable or responsible in any manner related to the care, and/or safe keeping of your pet, admitted by us, if by all reasonable precautions against injury, escape, destruction, or illness of your pet is taken.

***In case of illness, I authorize tests and treatment necessary to ensure the health of my pet

Charges not to exceed ___\$250.00 ___\$500.00 ___\$1000.00 (Designate by initial.)

Owner Signature _____

Other Person & Relationship _____

Staff Witness _____