



The Palms Pet Resort Agreement

Your Name _____

Pet(s) Name _____

Date In _____ Date Out _____ Time out _____

Contact Numbers While Boarding

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Email: _____

★LIST MEDICATIONS, INCLUDING DOSAGE & SPECIAL INSTRUCTIONS:

★LIST FEEDING INSTRUCTIONS INCLUDING QUANTITY & FREQUENCY:

List any health problems or concerns that we should be aware of while your pet is boarding with us?

If someone other than yourself will be picking your pet(s) up, please list their name and phone number. They must be able to provide a photo ID when checking out your pet.

Name _____ Phone _____

Policy and Disclaimer:

The Palms Pet Resort pledges to give appropriate care to all boarded pets. I will not hold The Palms Pet Resort responsible for conditions that often are unavoidable in boarding environments such as, but not limited to, weight loss, rough hair, and diarrhea. Should the pet(s) on this record become ill, I request that the attending veterinarian provide all responsible medical/surgical treatment deemed necessary. I acknowledge that in the event of my pet's illness, the staff at The Palms Pet Resort may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment of my pet(s), **up to maximum charges of \$ _____ .00**, until I am available to discuss further care and costs with the attending veterinarian.

I certify that my pet(s) appear(s) to be free of contagious diseases, including external parasites, and has/have not bitten anyone within the last 10 days. I understand that if my pets are found to have external parasites they will be treated and my account will be charged accordingly. I also certify that my pet is current on all required vaccination(s) and have provided written documentation of same.

I understand that if I fail to pick up my pet(s) within 10 days of notification to the above individual, my pet(s) will be considered abandoned and will be handled in accordance with Texas State Law, and that doing so does not relieve me of my financial obligations.

I have read the above and I am in full agreement.

Signature _____ Date _____