



It is the policy of Pet Care Center to offer conscientious, affectionate and individual care of each animal left in our care. We will provide clean, sanitary and safe quarters for each of our guests and all owners' instructions will be handled efficiently. All pets are handled humanely and in accordance with Nebraska Department of Agriculture provision 28-1012. If my pet(s) were to become ill or require medical treatment, I would be contacted as soon as possible. In the event, I am not reachable; I authorize Pet Care Center to administer any treatment or medication necessary for the wellbeing of my pet(s). I agree to pay the current daily boarding rate for my pet(s) and I understand that the fee is calculated on a daily basis and will require picking up my pet(s) before 12 PM or further charges will accrue. I also agree to pay for any other services I may choose during my pets' stay. If my pet is being bathed, I understand that my pet may not be ready for pick up until after 4:00pm. No pet will be discharged before 9AM. All pets must enter clean and free of external parasites. If during the boarding check-up any parasites are discovered, our boarding staff will take protective measures to rid your pet of any parasite (bathing and/or applying a flea/tick medication). Charges incurred are the responsibility of the owner. Protective measures are required prior to boarding. Pet Care Center requires veterinary certification of current immunizations on your pet: **Dogs: DA2PP within the past 12 months; Bordetella within the past 12 months And Rabies as defined by Nebraska Public Health Regulations. Cats: FVRC-P within the past 12 months and Rabies as defined by Nebraska Public Health Regulations.** I can be reached at the following numbers in the event of an emergency:

Home: _____ Work: _____ Cell: _____

Email: _____

The owner agrees that by executing this agreement, the provisions hereof constitute a continuing agreement between Pet Care Center and the pet owner for any subsequent boarding with any owned pet. I have read, understand and agree to the above policy.

Printed Name: _____

Signature: _____ Date: _____: If I am unable to be reached, the following party may act on my/our behalf:

Name: _____

Phone: _____ Relationship: _____