

Paws2tail is hereby authorized to take said pet to my veterinarian in case of sickness, injury or other abnormalities, as Paws2tail may determine is necessary or appropriate in its sole discretion.

Name of Veterinarian or Hospital _____

Phone Number _____

If Paws2tail is unable to contact said veterinarian, Paws2tail is hereby authorized to take said pet to a local veterinarian of their choice.

If my pet becomes ill, Paws2tail is authorized to take my pet to my veterinarian as named above and if none is named or the named veterinarian is unavailable or circumstances otherwise warrant, Paws2tail may as determined by Paws2tail in its sole discretion, engage the services of a veterinarian, administer medicine, or give other essential attention to the animal. I hereby agree to reimburse Paws2tail for veterinary costs, whether specifically authorized or not, in an amount which will be unlimited unless otherwise limited by owner to amount no greater than \$ _____ I give my full authorization to use my credit card for these purposes. I further understand that should veterinary care be required, no guarantee of successful treatment is made and I agree not to hold Paws2tail or the attending veterinarian responsible.

I have read the foregoing and agree to all the terms and conditions thereof.

Signature of owner/authorized agent: _____ Date: _____

How many days will you be boarding your pet? _____ Start Date: _____ Pick-up date: _____

Time to be dropped off: _____ Time to be picked up: _____ (Must be before 12:00 noon to avoid additional day's charge)

To make your reservation, please call 626-290-4370 or email us at Larry@Paws2tail.com. Requested days for boarding cannot be secured until a boarding contract is completed and received. Payment in full may be made in advance or when you pick up your pet. Please bring your completed contract at the time you bring your pet.

Office Use Only

Feed Pet before pick-up YES _____ NO _____

Pet's Personal Items Received: