

## ANIMALODGE PET CARE AGREEMENT

- I am the owner or responsible party for the \_\_\_\_\_'s pet(s) and have authority to execute this agreement. I am responsible for payment of all fees for services rendered to said pets.
- In case of an emergency or injury, I give permission and accept financial responsibility for diagnosis and treatment as deemed necessary by the attending veterinarian.
- Animalodge Pet Resort shall exercise reasonable care for every pet. When interactive activities are chosen (group playtimes, Day Camp) I recognize and accept potential risks that might be involved.
- I am responsible for acts of behavior of my pet(s) while in the care of Animalodge Pet Resort.
- I understand if I own 2 or more pets that I want in one enclosure that it may lead to aggression resulting in injury or death. I WANT MY PETS LODGED TOGETHER AND ACCEPT THIS RISK.
- I am aware that my pet's vaccinations must be current in accordance with Animalodge Pet Resort policy and that I am responsible to provide adequate immunization records. In the event this is not available and/or any immunizations are not current I authorize vaccination(s) and agree to pay for that service.
- To the best of my knowledge my pet(s) has not been exposed to rabies or other contiguous disease within 30 days prior to check in.
- I agree to inform Animalodge Pet Resort if I am unable to make reservation checkout date. All pets left longer then 2 weeks with out renewed checkout information will be considered abandoned. These pets will become property of Animalodge Pet Resort. I understand abandonment will be prosecuted to the fullest extent of the law and I agree to pay all associated court costs, legal fees and lodging fees.

## VETERINARY SERVICES

- I hereby authorize performance of all procedures listed above in case of emergency.
- I hereby authorize the use of anesthetics as deemed necessary and performance of such surgical or therapeutic procedures as determined necessary and/or indicated.

---

**Signature of legal owner or responsible party**

**Date**

---

**Emergency name & Phone number**

(We would prefer to contact you directly if possible, otherwise someone who can make decisions for you)