

## PAWS WRIGHT INN

## A POSITIVE EXPERIENCE

Owner's Name:							
Address:							
elephone: Home Cell							
Emergency Contact Person:							
Emergency Numbers:							
Home	Work	Cell					
NY CD.							
Name of Pet:							
Breed:							
Age/Date of birth:	T 1 C 10 W						
Male Neutered? Yes or No	Female Spayed? Yes o	r No					
Declawed?							
Colour/Markings:							
Veterinary Clinic:							
Do you authorize Paws Wright Inn to give your cat bedding, toys and treats?							
What type of litter does your cat use? (clumping, non clumping, grain)							
TY 1/1 D 11							
Health Problems:							
Allergies:							
-							
3.6.12							
Medication:							
What do you feed your cat and how much?							
Is there anything else we should know about your cat?							
I certify that I am the pet owner, and/or that I am authorized to board the pet and sign this							
form and that the above information is true.							
		<del></del>					
Signature		Date					

## Paws Wright Inn - Boarding Agreement

This	is	а	conti	ract	bet	wee	n Pa	WS	Wri	.ght	Inn	and	the	pet	owner	who	se	signature
appea	ırs	at	the	bott	com	of	this	ра	age	(hei	reina	after	cal	lled	"Owner	<u>- " )</u>	for	services
for					(	Her	eina	fte	er c	alle	ed "E	et")						

I certify that I am the Owner, and/or that I am authorized to board the Pet and sign this form. I authorize Paws Wright Inn to contact my veterinarian in order to confirm health, temperament and vaccinations. I give Paws Wright Inn consent to act on my behalf by obtaining veterinary care at my expense, should Paws Wright Inn deem it necessary. If the Pet becomes ill, Paws Wright Inn in its sole discretion may engage the service of a veterinarian. All attempts will be made to contact the Owner of the Pet first, however in the event of an extreme emergency the well being of the Pet comes first and appropriate action will be taken. Medication will be administered as necessary under the direction of a veterinarian. The undersigned owner herby gives the veterinarian and their assistant's complete authority to treat Pet in whatever manner deemed necessary by the veterinarian on duty. The Owner will be responsible for all veterinary charges upon release of the Pet.

I release Paws Wright Inn and its staff from any liability or claim due to injury, illness, loss or death of Pet. As the Owner of the Pet, I claim any and all responsibilities of damages to the building or property of Paws Wright Inn, and any injuries caused to people or other animals by the Pet while it is being boarded.

All pets are checked for external parasites (ex: fleas, lice, ticks) upon entry to the facility. If any external parasites are found, they will be treated accordingly and the Owner is responsible for those expenses.

I have read the schedule of fees and agree to pay all charges at checkout. As Owner I agree to pay the fees for service on the date or prior to the Pet's checkout of the business. As Owner I agree that the said Pet will be picked up by me, the Owner or an approved additional person by the close of business. If the Pet is picked up after stated time of close of business, or before the stated time of opening of business, I, the Owner, agree to pay any additional charges set forth by the business.

If the Owner does not pick up the Pet within 14 calendar days after the day the Pet was due to be picked up, the Pet shall be deemed abandoned. Paws Wright Inn shall first try for a period of not less than 10 days to find a new owner for the Pet, and, if unable to place the Pet with a new owner, shall thereafter place the Pet into the custody of the Regina Humane Society.

It is understood by Paws Wright Inn and Owner that all provisions of this Contract shall be binding upon both parties thereunto for this visit and for all subsequent visits.

PET OWNER:	
Signed:	Date:
Contract Received by:	
Signed:	Date: