



Date: _____

HEALTH CARE AGREEMENT

Pet Owner is responsible for sharing any health & behavioral issues or concerns, such as allergies or aggression, with Kennel staff and for all vaccinations being current.

I, _____, hereby certify that my pet(s) are in good health, current on all required vaccinations, free from parasites such as fleas and has not harmed or shown aggressive behavior toward any person or other dog.

If during the pet's stay, the pet becomes ill or if the state of the animal's health otherwise requires professional attention, Heavenly Care Kennels, in its sole discretion, may engage the services of a veterinarian and/or administer first aid or medicine or give other requisite attention to the animal, without liability to kennel and the expenses there of shall be paid by the pet Owner.

I understand that in the event of injury or illness, at Heavenly Care Kennels discretion and due to severity, may or may not notify me immediately. If the injury is not serious, staff may allow my dog to continue to play, and then notify me when I come to pick up my dog. If the injury is serious, I will be notified immediately. If unable to reach me in an emergency situation, or if the state of the pet's health reasonably demands quick action, Heavenly Care Kennels reserves the right an sole discretion to administer first aid, and or to seek available veterinarian care without liability, and I agree to pay for all medical treatments received whether from my veterinarian or the veterinarian of the kennel's choice.

I understand and agree to all Health Care Agreement provisions listed above.

X

VETERINARIAN WAIVER

I (Signed: X _____) (Your Name Here) hereby grant permission to Heavenly Care Kennels to act in my behalf, and in the pets best interest, by obtaining veterinary care for injury or illness and I agree to pay all reasonable expenses incurred.

Name: _____ (Your Name Here) Pet(s): _____

Address: _____ City: _____, IN Zip: _____

CELL Phone: _____ 2nd Phone: _____ (BEST NUMBER(S) TO REACH YOU WHEN YOU ARE OUT OF TOWN)

Email: _____