

## Binky's Boarding, LLC

Name:

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Pet Name(s):

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Phone:

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Email:

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Drop off date:

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Pick up date:

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Would you like an occasional  
Text / picture / video?

 Yes No

Has your rabbit been sick in  
the past month? If so, please  
make other arrangements.

 Yes No

Has your rabbit been  
eating/drinking/pooping  
normally?

 Yes No

How much pellets to you  
usually feed your bun per  
day?

Is your bunny used to eating  
pellets at a certain time of  
day?

If there is any information we should know about your pet, please specify here:

## Binky's Boarding, LLC

### Boarding Waiver and Consent Form

This agreement shall apply to all boarding visits by your rabbit to Binky's Boarding, LLC. Please sign below to indicate that you have read and understand:

- I represent that I am the legal owner or authorized by the owner of the rabbit(s) described on the application.
- **I represent that my rabbit(s) is in good health and has not been ill within the last 30 days.**
- I understand that while my rabbit(s) may be vaccinated, that vaccines are not guaranteed and there is a small risk that my rabbit(s) may contract a contagious disease or illness. I agree that should this occur, I am responsible for my own pet's care, medical attention, and costs.
- I release Binky's Boarding, LLC, its staff, owners, and any representatives from any and all liability which I or my rabbit(s) may suffer including but not limited to injury, sickness, damage, or death resulting from participation in daycare and boarding.
- I understand that although all rabbits are supervised, incidents of injuries may occur
- I agree that I am solely responsible for any medical expenses acquired for my rabbit(s).
- If I or my authorized contact cannot pick up my rabbit(s) at the agreed pick-up time, I authorize Binky's Boarding, LLC to provide additional services at my expense.
- I understand that boarding is on a per night basis, and I will be charged per night at the agreed upon amount.
- I understand that Binky's Boarding, LLC is open from 9am – 5pm, and I am only allowed to drop off and pick up my rabbit(s) during those hours. I also understand that I will be charged for an additional night if I cannot pick up my rabbit before Binky's closes at 5pm.
- With my signature below, I certify that I have read and understand the agreement and waivers. I agree to abide by the regulations and accept all terms and conditions as set out.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Pet(s) Name(s) \_\_\_\_\_

# Binky's Boarding, LLC

## Medical Release Form

This agreement shall apply to all boarding visits by your rabbit to Binky's Boarding, LLC. This is a required form for all Binky's Boarding, LLC participants receiving services. First and foremost, the safety and well-being of your pet(s) is of the highest importance. Ensuring that your pet remains safe and well cared for is our first responsibility and as such we take it very seriously. We do our best to have our pet parents screen for pre-existing health conditions, but some factors may be beyond our control. If a medical emergency arises while a pet is at our facility it is imperative that we are immediately able to get them medical treatment. If a visit to the veterinarian is required, the signee is responsible for all medical expenses, and in addition, Binky's will charge \$50 for each visit to the veterinarian's office. Binky's uses the following veterinarians:

- All Creatures Animal Hospital, 2482-C Mt. Vernon Rd. Dunwoody, GA 30338, 770-393-3400
- Windward Animal Hospital, 11895 Jones Bridge Rd, Johns Creek, GA 30005, 770-569-7298
- East Roswell Vet Hospital, 1570 Holcomb Bridge Road, Suite 110 Roswell, GA, 30076, 470-588-0193
- An after-hours vet may be used in case of emergency when the above 2 are unavailable.

### If medical treatment is needed (please select):

\_\_\_\_\_ I allow Binky's to use the veterinarians listed above.

\_\_\_\_\_ I prefer another veterinarian (specify): \_\_\_\_\_

### If medical treatment is needed (please select):

\_\_\_\_\_ No emergency medical care is to be instituted on my pet

\_\_\_\_\_ Please attend to my pet as he/she needs without limit

\_\_\_\_\_ I approve emergency medical care up to a certain amount which can be instituted if necessary. Treatment beyond this dollar amount \$\_\_\_\_\_ will require my approval.

I agree that I am financially responsible for the medical treatment my pet(s) receives as a result of a medical emergency while attending services provided by Binky's Boarding, LLC, unless I opt out above by selecting "No emergency medical care is to be instituted on my pet". Additionally, I understand that I am financially responsible for a \$50 surcharge to be paid to Binky's for each visit to the veterinarian's office.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Pet(s) Name(s) \_\_\_\_\_