**xd**

**Medical Authorization/Liability Release-**

In the event that a medical problem arises with my pet(s) while I am away and my pet(s) are under the care of Wil-A-Lo Boarding Kennels , I release Wil-A-Lo Boarding Kennels of any liability or damage resulting from boarding, grooming or other services. Furthermore, I authorize that the following measures be taken on my pet(s) behalf should a medical problem arise (Please choose one option):



 Please perform whatever services are required for the health of my pet, at the discretion of the veterinarian, until such time as I, or any individual I have authorized, can be reached.

 Please perform whatever services are required for the health of my pet, at the discretion of the veterinarian, not to exceed $\_\_\_\_\_\_\_\_\_\_\_, until such time as I, or any individual I have authorized, can be reached.

 I do not authorize any medical care until such time as I, or any individual I have authorized, can be reached.

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Owner or Authorized Agent –PRINT Signature Date

**Photo Release-**

 I grant to Wil-A-Lo Boarding Kennels, the right to take photographs of my pets while under their care for boarding, grooming or other services. I authorize Wil-A-Lo Boarding Kennels, its assigns and transferees to copyright, use and publish the same in print and/or electronically for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I have read and understand the above:

 I accept the terms. I decline the terms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

 Please choose accept or decline. Signature Date

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