

## Agreement

1. Four Paws Transport will transport the pet as requested in the Pet Intake Form
  
2. The owner warrants and represents that the pet is healthy and in good physical condition. Upon request of Four Paws Transport, the owner will produce a veterinarian's name for Four Paws Transport to use.
  
3. In the event the pet or pets described herein should become ill or be injured and require veterinary care as the responsible party I, \_\_\_\_\_, hereby authorize Four Paws Transport to seek medical treatment from a licensed veterinarian. I will take full financial responsibility for all charges incurred. If Four Paws Transport is unable to reach me, I authorize them to arrange for any emergency treatment deemed necessary for the well-being and health of the/my pet(s).

My signature below acknowledges that I have read and understand this document, and I agree to hold Four Paws Transport harmless from any illness or injury of my pet during or after transport of my pet. I further acknowledge that all statements above pertaining to my animal, their needs, and their behavior are true and accurate to the best of my knowledge.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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