

# PET CARE SERVICES AGREEMENT & LIABILITY WAIVER



Please read the following carefully. This agreement includes a release of liability and waiver of legal rights and deprives you of the right to sue JOEY'S LEGACY and related parties. Do not sign this agreement unless you have read it in its entirety and understand its effect, policies, procedures, pet release, waiver of liability, assumption of risk, and indemnification agreements.

I understand that I am the person legally empowered to give consent and that I am responsible for payment of all charges. I agree to pay all charges for services rendered in accordance with the facility's current rates.

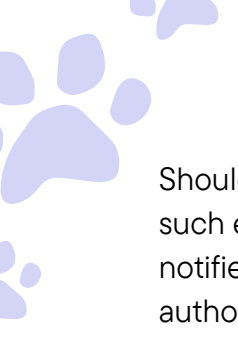
I understand that JOEY'S LEGACY reserves the right to refuse my pet for services if it is deemed dangerous to the staff and/or my pet. I will be solely responsible for all actions of my dog, including any damage caused by my dog and any injury caused to other dogs, people, or property.

Understanding all of the above, I hereby authorize JOEY'S LEGACY to provide the agreed upon services. JOEY'S LEGACY agrees to provide reasonable care and handling to maintain the health and well-being of <pet>. JOEY'S LEGACY agrees to provide the agreed upon services, which may include: boarding, bathing, nail trims, feeding, medicating, and rehabilitation services.

On behalf of myself, my heirs, personal representatives and executors I expressly agree to hold harmless and release JOEY'S LEGACY and its related parties from ANY and ALL responsibility, liability, claims, causes of action, or demands of any nature or cause, including costs and attorney's fees.

I understand the health of <pet> cannot be guaranteed. I understand and will not hold JOEY'S LEGACY responsible for conditions that are unavoidable during their boarding stay, such as, but not limited to, upper respiratory infections, bronchitis, diarrhea, and fleas. I understand all pets admitted to JOEY'S LEGACY must be free of internal and external parasites or will be treated on entry or discovery at the owner / agent's expense.

I understand that in the event of <pet>'s illness, the staff will attempt to contact me immediately or my agent to discuss the problem and treatment options. If they are unable to contact me immediately they are therefore authorized to initiate appropriate treatment until I can be reached.



Should an emergency arise, I authorize the medical staff at the emergency clinic to perform such emergency procedures as may be necessary for the health of <pet> until I can be notified. I agree to pay, in full, all charges for necessary services rendered for and to <pet>. I authorize JOEY'S LEGACY to use my credit card on file to pay for any emergency charges, should <pet> have to be brought to a veterinary clinic during their stay.

I have read the above and accept these conditions and my responsibility.

In consideration for my pet(s) being permitted to be treated, or under the care of JOEY'S LEGACY, by signing this document, I, \_\_\_\_\_ (Owner/guardian), make the following representations, certify the accuracy of all information provided to JOEY'S LEGACY at any time, and agree to all the policies, procedures, terms and conditions stated above.

## **SOCIAL MEDIA RELEASE**

**Please initial ONE of the below options**

I agree to allow my pet's photo to be used on JOEY'S LEGACY social media \_\_\_\_\_

I DO NOT agree to allow my pet's photo to be used on JOEY'S LEGACY social media \_\_\_\_\_

\_\_\_\_\_  
NAME OF PET

\_\_\_\_\_  
NAME OF OWNER

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
DATE

