

Acme Creek Kennels Senior or Special Condition Dog Release and Agreement

We are honored you have chosen Acme Creek Kennels to provide your senior pet the best boarding experience during their golden years. Your pet is very important to us, and because their welfare is our top priority, we want to assure you that every effort will be made to make their stay with us as safe, comfortable, and routine as possible. However, when older or special condition pets are boarded, their bodies are subjected to unforeseen stresses because their normal routine is disrupted when they are removed from their home environment. This stress has the potential to cause many latent physical conditions (i.e. heart, liver and kidney disorders) to become active and potentially life-threatening.

In order for us to do what we do best, we must ensure you agree to the guidelines below.

1. **I understand that a boarding and/or grooming environment may be extra stressful for senior pets resulting in health or medical emergencies.**
2. **I understand that because of increased stress, underlying health conditions may be triggered.**
3. **I understand that Acme Creek Kennels will provide my senior pet the least stressful and most comfortable experience to the best of their capabilities.**
4. **In the rare and unfortunate event that your pet should become deceased while at Acme Creek Kennels, We will first contact you and otherwise proceed with wishes as stated below.**
5. **In case of emergencies, we will first contact you and if I am unresponsive, I agree Acme Creek Kennels will use their best judgment in making decisions for the well being of my pet, unless previously and specifically directed otherwise.**
6. **This Contract & Agreement form shall have no expiration date.**
7. **I understand all of the risks associated with kenneling a senior pet.**
8. **Acme Creek Kennels will always contact your primary veterinarian first. If they are unavailable to accommodate Acme Creek Kennels, we will then use Omnivet and/or Bay Area Pet Hospital.**

I understand that if my pet is suffering from an injury, illness, or disease; medical treatment, resuscitative efforts or humane euthanasia may become necessary. Should, based on the medical judgment of the veterinary staff, my pets medical condition deteriorates and I cannot be reached to make timely decisions regarding his/her care, or that my emergency contact person is unable to be reached, I request that **Acme Creek Kennels** make medical care decisions as indicated below.

1. Standard Veterinary Care (please choose dollar amount not to be exceeded)

\$ _____ Is the maximum allowable amount to be spent for veterinary services in the care of a life-threatening or non-life threatening, unforeseen medical condition, illness or injury that arises during my pet's stay. Acme Creek Kennels, acting in its sole discretion after making reasonable attempts to contact the owner or Emergency contact provided, may perform services deemed necessary by the veterinarian, give requisite attention or administer medications not to exceed the above listed amount. If applicable, I understand that repayment of the above amount will be due in full at time of check out.

Initial _____ I understand and authorize that additional emergency or continuing medical treatments may be necessary for my pet. I authorize Acme Creek Kennels to act on my behalf should my pet need to be transferred to an emergency or specialty hospital for continued care.

2. Cardiopulmonary Resuscitation (CPR)

Initial _____ Request for CPR. I direct that, if required, CPR be performed on my pet, which means all medically reasonable attempts will be made to resuscitate my pet. I understand that the survival rate of animals requiring CPR is poor (less than 10%). I further understand that staff are not on the premises at Acme Creek Kennels from 5:30pm to 7:00am during these hours and CPR is not possible.

Initial _____ Decline CPR. I direct that no attempt to resuscitate my pet be made, which means withdrawing all life sustaining procedures, methods and devices, including cardiopulmonary resuscitation, respiratory support, injectable medications, and artificially administered feeding and fluids.

3. Humane Euthanasia

Initial _____ Request for humane euthanasia. In the case of sudden deterioration of the health of my pet such that he/she appears to be experiencing pain or suffering that cannot be ameliorated with medications or supportive care, I direct that my pet be humanely euthanized to prevent such further pain or suffering.

Initial _____ Decline humane euthanasia. I direct that humane euthanasia not be performed on my pet without my prior consent, even in the instant of extreme pain or suffering.

4. Pet Remains – In the unlikely event my pet passes away during his/her boarding stay, I wish for their remains to be:

Initial _____ Solo Cremated pets are cremated individually and ashes are returned to owner

Initial _____ Held until pick up (if possible)

Liability Release

In consideration for following my wishes, I hereby forever release Acme Creek Kennels, its staff and authorized representatives from any and all liability and claims for damages, including claims for death, injury or property damage, whether or not resulting from negligence or misconduct attributable to such parties, that I may have or that may subsequently accrue to me, as a result of honoring this directive, and I declare that such parties are acting in accordance with my directions. I further agree to indemnify such parties for any third-party claims that I am not authorized to act on the animal or owner's behalf.

I certify that I am the legal owner or the duly authorized agent for the owner of the pet identified above. I understand that my wishes may be carried out immediately upon my signing this agreement. Applicable fees have been explained to me, and I assume full responsibility for all charges applicable to these services. I have carefully read and fully understand the foregoing provisions. I agree to reimburse

Acme Creek Kennels or the providing veterinary clinic for any additional fees for tending to emergency or veterinary care as well as any expenses incurred for any other unexpected food or other supply needs. I understand that this Advanced Medical Directive shall exist indefinitely from the date I execute this document unless I revoke it in writing or replace it with a new advanced medical directive.

Pet's Name: _____ **Sex:** M or F

Breed: _____ **Veterinarian:** _____

Problems or health concerns we need to be aware of: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Owners Signature: _____ **Date:** _____

Owner's Name(Print): _____ **Phone Number:** _____