

Rabbit Boarding Registration

Pet's Name:			
Weight:			
Feeding Instructions:			
Own Supply (specify brand):			
How many times a day: Twice Daily	Three Times Daily		
When was the last time your rabbit ate?			
Medication Name	Dosage	Frequency	
Please ask Attendant for administration p	prices.		
When was the last time your rabbit ha	d medication?		
Other Medical Problems: Has your rabbit been seen by his/her rewellness visit? No Yes If Yes, please describe:	egular veterinarian in the la	st 6 months for anything besi	des a
Does your rabbit have any cuts, scrap No Yes If Yes, please describe and indicate locat	• •	re should be aware of?	
Do you have any concerns or comme If Yes, please describe:	nts? No Yes		
How often does your rabbit eliminate?	ı		

vocalizes a lot,	or other behavior Yes		we should be aware of (i.e. plays in water dish, ult of a medical condition)?
Optional Service (\$6.00 for a ½ h			
Sunbathing Tim EOD		Twice a day	None
(\$6.00 each for a Pen Playtime:	a 15 minute sessi	on)	
EOD	Once a day	Twice a day	None
problem they wiprovided upon of decisions for young that whome decisions for young provided during stay and attempregarding your problem that who will be a second to the second that who will be a second to the second that who will be a second to the second that will be a second to the second that will be a second to the se	ill attempt to cont check-in. The em- pu regarding your ever you choose a pur pet. You will as your pet's stay. So ts to reach your of pets care will be rest associated with	act your emergendergency contact poet's health and a as your emergencessume all financia Should a life threatemergency contac	cern. If the animal attendants notice a medical cy number. An emergency contact number MUST be erson MUST be an adult, capable of making ble to be reached within the continental U.S. Please y contact they are authorized to make medical responsibilities for approved medical services tening (critical) medical condition occur during their transportation are unsuccessful medical decisions attendant on duty. You will be responsible for all of this event.
Client Signature	 9		Date

Pet's Name:



Consent to Treat Form – Boarding Rabbit Social Media Form Release

Pet Name:
Name:
Address:
Home Phone:

We would like to know how to proceed if your pet develops one of the more common medical problems that can arise while boarding. Our primary concern is ensuring your pet's comfort and his/her ability to receive rapid medical treatment should problems occur. Muddy Creek does not provide veterinary services for ferrets at this time. Therefore your pet will be transported to another facility should medical services be required.

Common Boarding Ailments) 		
No stool production	Lethargy	Persistent lack of appetite	blood in urine
Stress colitis (diarrhea)	head tilt	fur loss	eye discharge
deemed by our boarding staff) services for rabbits. I assume to	, should they occur. I r full financial responsib	pet for the above conditions or realize that Muddy Creek does polity for medical services province ocated within ten miles of Mudo	not provide veterinary ided. A Muddy Creek
Please select from one of the Should medical services be red	U 1		
services. In the event the office veterinary office is aware shou I will plan on settling charges My Vete Address	e is unreachable, I real ald medical care be rec with my veterinarian o erinary office:		Iger Veterinary Hospital. My king my pet(s) to their office.
		State	
In the event medical c Veterinary Hospital.	are is required for my	pet; I would prefer my pet be t	aken directly to Bulger
The above conditions have been any exams, diagnostics and tre	-	l I understand that I am respon	sible for all costs incurred for
Please select whether you apbelow:	prove or decline to g	ive us permission to use your	pet's photos as outlined
		□ Decline use	
I hereby give Vetcor and Muddy	Creek Animal Care Cer	nter permission to use photograph	s of my pet, on Facebook and

other social media applications. I also grant permission for Vetcor to publish photographs of my pet for promotion of the

Date: _____

organization in printed publications, photographic displays on the Vetcor web-site.

Client Signature:



Boarding Contract

Date:
Pet Name:
Account Number:
Client:
Address:
Home Phone:
All animals are boarded, handled or cared for by us without liability on our part for loss or damage from disease, death, fire, injury to persons, other animals or property by said animals, or other unavoidable causes.
Each animal is insured up to \$2,000. Each occurrence is insured up to \$50,000.
If an animal becomes seriously ill, we will attempt to notify the owner or emergency contact person. In the event the owner does not immediately inform us of desired measures to be taken, or if the state of the animal's health demands immediate action, we reserve the right to have our veterinarians or those within the VetCor network of hospitals administer necessary medical treatments within our discretion or judgment. Such expenses shall be paid for by the owner upon dismissal of the animal.
Some exotic pets are considered prey animals and may become extremely stressed in a boarding environment. Although rare, such stress can lead to death in exotic pets. I understand and assume the risk associated with boarding exotic pets.
If an animal is not picked up within 30 days after the scheduled discharge date, it will be disposed of by us as we see fit. Notice in writing of such intent will be mailed to the owner by registered mail at the address given hereon. The owner shall be held liable for all charges.
We are not responsible for the loss or damage of any belongings, such as blankets or toys that are brought in with the animal.
The owner represents that he/she is the legal owner of said animal and that said animal is not mortgaged in any way. The above mentioned animal(s) has/ have not been exposed to distemper, parvo virus, rabies or kennel cough within the last 30 days.
I have read and been advised of common boarding ailments that may occur during boarding. I understand these protocols and the measures that will be taken should my pet become ill. I agree to pay all associated fees that may incur due to medical treatment provided by Muddy Creek Animal Care Center and/or Bulger Veterinary Hospital upon dismissal of my pet.
Client Signature: Date: (owner or appointed guardian of animal)

This contract is legally binding and will be a part of the animal's permanent record.