

TERMS & CONDITIONS

I, _____, do hereby entrust Camelot Kennels, Inc. to care for my pet, _____ for its boarding stay and agree to all of the terms listed hereafter. I authorize Camelot Kennels, Inc. to do whatever they deem necessary for the health and well being of my pet. I agree to pay for any and all expenses relating to the same. I agree to pay board at the "per day" base rate, plus any and all add-on's. I realize that pickup after 12:00 PM (MON-SAT, EXCLUDE SUNDAY PICK UP) will result in my being charged for a complete (full) day's board. I realize that if grooming is requested on the same day of departure, there is no boarding charge for that day. If I choose to pick up on Sunday, (BETWEEN 4PM-5PM ON SUNDAY), I will be charged for a complete (full) days board. I agree that I am solely responsible for any and all damage that my pet may cause to the kennel, attendants, other pets, or itself through illness, malicious, or improper conduct.

I have had the opportunity to inspect the kennel and have found the facilities to be safe and secure, and I have asked and had answered any and all of my questions regarding my pets stay, cleanliness, health, and safety.

In case the need for emergency medical care should arise for my pet, I authorize Camelot Kennels, Inc. to do whatever they deem necessary to have my pet treated by a veterinarian during his/her stay. I will be fully responsible for any and all charges incurred by such treatment. Should I be unable to be contacted within one (1) hour of my pet's admission for veterinary care, I authorize Camelot Kennels, Inc. to act on my behalf and acknowledge that in certain critical issues where a decision regarding "heroic care" is required for my pet, that I grant Camelot Kennels, Inc. full and complete authority to evaluate the required medical needs with a veterinarian and make an informed decision as to the need of anesthesia for my pet. I authorize Camelot Kennels, Inc. to act in such a situation and I agree to hold harmless, Camelot Kennels, Inc. or its employees from such charges or actions. Furthermore, should I desire to limit the amount of veterinary treatment to an approximate dollar amount, I will provide that amount here \$_____. If you cannot leave an emergency contact number you are required to contact your vet and provide him with emergency treatment instructions! Your signature below hereby authorizes Camelot Kennels, Inc. to provide your credit card of record as payment for any and all veterinary services required for the treatment.

*This contract and any information regarding your pet is only required one time and will be used for future visits. It is your responsibility to change information as needed.

This agreement represents the full and only agreement between the parties. The terms and conditions set forth in this agreement cannot be modified or changed in any way unless agreed to by both parties in writing. I have read, fully understand and agree to the above contract terms.

Owner/Agent Signature

Date

Camelot Kennels Signature

Date