****Jeanette Hunt Animal Shelter **Animal Boarding**

147 S. 4th St

Blair, NE 68008

402-533-2743

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Owner Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Emergency Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone # :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*This Person will need to pick up your pet in case of an emergency

**If the owner is unable to pick up their dog(s) on the agreed upon date, the owner must contact shelter staff to arrange a new pickup date and time as soon as possible.**

**If the dog(s) remains at the shelter for longer than 5 days past the agreed upon date, with no owner contact made, we reserve the right to place the dog(s) up for adoption.**

**In case of medical emergency, I (owner’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize the Friends of the Jeanette Hunt Animal Shelter staff to bring my dog(s) to the following veterinary clinic for treatment, and I, the owner, agree to pay any and all vet bills acquired in connection with this vet visit/treatment.**

**(Shelter staff will attempt to contact owner before any treatment occurs)**

**Name of Vet Clinic\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Owner Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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***Owner Liability Waiver***

\_\_\_\_\_\_\_I certify that my dog(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is/are in good health and has/have not been ill with any communicable condition(s) in the last 15 days.

\_\_\_\_\_\_\_I am aware that wherever multiple dogs come in contact with one another, my dog may be exposed to common airborne canine viruses, allergens and digestive upset. I am also aware that vaccinating my pet only protects my pet from known strains of viruses. The Blair Animal Shelter cannot control airborne viruses and allergens.

\_\_\_\_\_\_\_I will not hold the Blair Animal Shelter responsible for conditions that often are unavoidable in boarding environments such as, but not limited to, weight loss, rough hair, fleas, ticks, hot spots (pyoderma), otitis, conjunctivitis, cough, bloat, diarrhea, canine influenza, parvo, chewing and/or eating parts of blankets/dog beds, seizures, and sudden death.

\_\_\_\_\_\_\_I acknowledge that in the event my dog(s) becomes ill while in the care of the Blair Animal Shelter, the staff will attempt to contact me. If I’m not available, they will attempt to contact my veterinarian. Should my dog(s) require veterinary attention, my pet will be seen by my own veterinarian or the closest available vet in the area if there is an emergency. It is understood that all expenses incurred due to my dog(s) illness or accident must be paid in full at the time I pick up my dog(s) from the Blair Animal Shelter. The Blair Animal Shelter will not bill me or accept partial pay.

\_\_\_\_\_\_\_I release the Blair Animal Shelter, its affiliates, staff, owners and managers from any liability that may arise directly or indirectly from any activity or service that I authorize by allowing my pet to stay here.

\_\_\_\_\_\_\_I further certify that my dog(s) has/have not harmed or shown aggressive or threatening behavior towards any person or any other dog.

\_\_\_\_\_\_\_I am aware that the Blair Animal Shelter is not responsible for the loss, damage, or destruction of any items that I leave with my pet.

\_\_\_\_\_\_\_I additionally give consent for my dog to be photographed while in the Blair Animal Shelter.  I agree to give the Blair Animal Shelter consent to use my dog’s image on promotional materials, which may include the Blair Animal Shelter’s website and Facebook pages.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Name Printed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Animal Boarding**

**Animal’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_\_\_\_\_\_**

**Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Color/Markings:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Rabies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Kennel Cough:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Feeding Instructions (Amount fed, frequency of feeding, etc)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Additional Details (Medical conditions, special instructions, etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Drop off Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pickup Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Drop off Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pickup Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Owner Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Shelter Staff:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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