

**“COUNTRY HOME”
PAW PARENT ANIMAL SANCTUARY’S AUTHORIZATION
ACKNOWLEDGMENT & WAIVER**

I, _____ certify that I am the owner or the agent of the owner of _____, and that I am authorized to board the pet(s) and be legally bound by the terms of this form.

I hereby authorize Paw Parent Animal Sanctuary (PPAS) to maintain my credit card number on file and charge purchases made and/or services obtained against the card at the prices in effect at the time of the transaction. All charges are final when made. Should my credit card charges be declined or any other charges remain unpaid, PPAS reserves the right to assess a finance charge of up to 15%.

I understand that the use of the facilities requires that I am responsible for acquiring, reviewing and understanding the rules, regulations, policies and procedures in effect at the time services are rendered. I understand that PPAS reserves that right to refuse service or use of its facilities to pets which, in PPAS sole determination, act aggressively, are undisciplined, evidence inappropriate or anti-social behavior or may otherwise be a danger to themselves or other animals, people or for any other reason whatsoever.

I acknowledge that pets are encouraged to socialize and exercise at PPAS and that through roughhousing, playing and other activities injuries to pets, owners or their guests might reasonably be foreseen and may occur within our facilities. I agree for myself, my pet(s) and my guests and invitees to assume the risks and hazards that may be expected to arise from such activities, uses and interaction with other animals. I agree that PPAS shall not be held responsible for injuries or illnesses to myself, pet(s), my guests or invitees other patrons and /or pets who may be injured by my pet or my acts or omissions or by the acts or omissions of my guests and invitees and I agree to indemnify harmless PPAS for any and all costs, damages, claims or expenses that may result there from. I further acknowledge that PPAS shall not be held responsible for any illness or ailment that may affect my pet during its visit or stay at PPAS and will indemnify and hold PPAS harmless for any costs, expenses or damages resulting from any such illness or condition. With respect to myself, my pet(s) and my guests and invitees, I shall indemnify and hold PPAS harmless for any costs, damages or expenses that we may incur from our use of the PPAS facilities. I further agree for myself, my pet(s) and my guests and invitees that I shall be solely responsible and shall not seek indemnity from PPAS or any of its employees, officers, agents or business invitees for costs, damages, claims or expenses that we may incur as a result of injury, sickness or other harm to my pet(s) while under that care of PPAS.

I certify that I have reviewed my pet’s vaccination records and hereby affirm that the information reflected therein is true and accurate to the best of my knowledge. I further affirm that I have informed PPAS of any known injuries, illnesses or ailments from which my pet(s) currently suffer and believe my pet(s) to be in sufficient health to safely utilize PPAS facilities and services. I authorize PPAS to contact my veterinarian in order to confirm the health, temperament and vaccination history of my pet(s). If in my absence, my pet(s) should become injured, ill, suffer an ailment or is otherwise deemed in the sole discretion of PPAS to require immediate veterinary attention PPAS is hereby authorized to consult with my veterinarian. If my veterinarian is unavailable or located at too great of a distance PPAS is authorized to utilize the services of another licensed veterinarian to provide care for my pet(s). I understand that I shall be responsible for any and all charges incurred with respect to such veterinary care. Further, should I be required to take my pet to a veterinarian after a stay or visit at PPAS I shall be solely responsible for any and all veterinary or other related or unrelated charges, costs or expenses and shall not seek indemnity or reimbursement from PPAS.

I agree that the names and likenesses of me, my pet(s), my guests and invitees may appear in PPAS promotional material, including but not limited to advertising, printed materials, promotional video media, news programs or other press related materials, magazines, or on television, radio, the internet and/or the PPAS website from time to time.

By signing below, I acknowledge that I have read and fully understand the terms of this **Authorization, Acknowledgement & Waiver** and accept each term and condition contained herein,

Signature _____

Date _____/_____/_____