



**We Rescue  
4 PAWZ**

# BOARDING AGREEMENT

## ANIMAL INFORMATION

ANIMAL NAME:

BREED:

ANIMAL ID:

AGE:

COLOR:

MICROCHIP NO:

FULLY VACCINATED (CIRCLE)

DA2PPV

BOROTELLA

RABIES

SPAY/NEUTERED

## BOARDING INFORMATION

RESCUE NAME:

RESCUE STAFF:

ADDRESS:

PHONE:

EMAIL:

BOARDING RATE:

BOARDING START DATE:

END DATE:

TOTAL DAYS:

RESCUE PRINT:

RESCUE SIGNATURE:

DATE:

WE RESCUE 4 PAWS STAFF PRINT:

WE RESCUE 4 PAWS STAFF SIGNATURE:

DATE:



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# BOARDING FORM

## RESCUE INFO

RESCUE:	CELL PHONE:
ADDRESS:	ALTERNATE NUMBER:
EMAIL ADDRESS:	
RESCUE STAFF:	CELL PHONE:
EMAIL:	HOME NUMBER:

## EMERGENCY CONTACTS

NAME:	CELL PHONE:
RELATIONSHIP:	WORK/HOME NUMBER:
ADDRESS:	EMAIL:

## VET INFORMATION

VET CLINIC NAME:	PRIMARY VETS NAME:
CLINIC ADDRESS:	HOURS OF OPERATION:
PHONE NUMBER:	EMAIL:
ALTERNATE VET:	PHONE NUMBER:



## We Rescue 4 Pawz VETERINARY RELEASE FORM

We Rescue 4 Pawz requires rescues to complete a Veterinary Release Form. In the event of an emergency, We Rescue 4 Pawz will make every attempt to contact the rescue/pet parent and emergency contact. In the event that no contact can be reached. Seek appropriate medical care for your pet(s). We Rescue 4 Pawz will make every attempt to take your pet(s) to the Veterinarian listed below however, if your Veterinarian is not available

Animal Vet Office: Hesperia Vet Services	Vet Office Name: Antony Animal Hospital
Vets Name: Dr. Joseph Velasco	Vet Name: Dr. Amy Zakhary
Address: 11011 Santa Fe Ave. Hesperia, CA 92345	Address: 16284 Main St. Hesperia, CA 92345
Office Phone: 760-254-3833	Office Phone: 760-947-0191

I \_\_\_\_\_ AGREE TO THE FOLLOWING:

1. In the case of an emergency, I understand that all efforts will be made to contact me regarding any treatments, illness, injury or potential problems as soon as the condition is deemed life threatening and/or contact is possible. I understand that We Rescue 4 Pawz works hard to prevent accidents and injuries and that such problems may occur no matter how well a pet is cared for. I agree to allow We Rescue 4 Pawz to use their best judgment in handling these situations, and I understand that We Rescue 4 Pawz assumes no responsibility for the actions and decisions of the veterinary staff, the health, or death of my pet(s).

2. If no contact can be reached, I authorize We Rescue 4 Pawz to seek appropriate medical treatment for my pet(s).

3. I understand that every effort will be made to take my pet(s) to the above Veterinarian, however, I authorize We Rescue 4Pawz to seek treatment for my pet(s) at any appropriate clinic, if necessary.

4. I give We Rescue 4 Pawz permission to approve treatment up to:

Please initial: No limit \_\_\_\_\_ \$250 \_\_\_\_\_ \$500 \_\_\_\_\_ \$1000 \_\_\_\_\_ other \$ \_\_\_\_\_



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5. I authorize We Rescue 4 Pawz and the Veterinarian caring orf my pet(s) to share al medical records of my pet(s) with emergency vet clinics in an efortot provide the best care possible.
6. I agree to asume full responsibility for the payment and /or reimbursement for any and all veterinary services rendered. Including but not limited to diagnosis, treatment, grooming, medical supplies, and boarding. Such payments will be made the day of initial incident or included on invoice. I also agree to be responsible for all special service fees assessed by We Rescue 4 Pawz Emergency Transportation, Care, Supervision, or hiring of emergency caregivers, and will pay such fees the day of each incident.
7. I understand that We Rescue 4 Pawz assumes no responsibility for the loss or injury of any pet(s) and is released from all liability related to transportation, treatment and expenses.
8. This agreement is valid from the date below and grants permission for all future veterinary care without additional authorization each time We Rescue 4 Pawz cares for my pet(s).
9. I will call my vet clinic or clinic We Rescue 4 Pawz uses and have a credit card on file or send payment to We Rescue 4 Pawz to use for my pets visits in case of emergency.
10. I agree to notify We Rescue 4 Pawz of any signs of injury or possible illness before any service as soon as the condition(s) appear. We Rescue 4 Pawz strives to provide clean and safe services to each of their rescues, pet parents and members. In doing so, We Rescue 4 Pawz strongly recommends that each pet be vaccinated, dewormed and protected from-harmful items (cleaners/insects) according to veterinarian recommended standards.



# VETERINARY RELEASE FORM

This agreement is valid from the date below and grants We Rescue 4 Pawz permission for future veterinary care and transportation to and from Vet appointments, boarding, foster home, airports or any transportation needed without the need of additional authorization each time my pet(s) is in need. I understand that this agreement applies to all of the pets within We Rescue 4 Pawz. In signing this contract. I agree that I have the sole authority to make health, medical and financial decisions regarding the animals that will be scheduled to receive services.

We Rescue 4 Pawz have ben contracted to board and care for m pyet(s) and has my permission to place them in a Veterinarian care in case of emergency. We Rescue 4 Pawz will attempt to contact me as soon as medical care is deemed necessary. However, in the event that I cannot be reached immediately. I authorize you to treat my pet(s) and will be responsible for payment of any fees as stated below. Please file this form for your records.

I give permission to seek veterinary service from a veterinarian or veterinary clinic in the event of an emergency.

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Pet Parent/Rescue Name (Print)

Date

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Pet Parent/Rescue Name (Sign)

Date

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We Rescue 4 Paws Staff

Date

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We Rescue 4 Paws Staff (Sign)

Date