

New Ken Rat Rescue

1341 Woodmont Avenue, New Kensington (724) 355-2702 chris@nkrats.com www.nkrats.com

Standard Boarding Fee: \$5 per day

Please print and fill out completely

PET NAMES & IDENTIFYING CHARACTERISTICS _____

YOUR NAME _____ PHONE _____

ADDRESS _____

EMAIL _____

ARRIVAL DATE _____ DEPARTURE DATE _____

Emergency contact name/number _____

Please provide your rat veterinarian's info: _____

Do your rats have any existing medical conditions? _____

If for some reason your pet should become ill while in our care, **we will attempt to contact you** or your emergency contact. If that is unsuccessful, he/she will be taken to your veterinarian as listed on this form. If your veterinarian is unavailable, we will take your pet to an emergency vet if the situation is life-threatening.

OWNER IS RESPONSIBLE FINANCIALLY FOR ALL CHARGES INCURRED AT THE VET FOR PROPER CARE OF THEIR PET. All charges are to be paid at time of pick-up.

Please indicate how much you would authorize to be spent: \$150 \$200 \$250 \$300 \$350 NO LIMIT
____ Initials: I would not like my pet/pets to be seen by a veterinarian.

Signature of Owner: _____

Special instructions: _____

NEW KEN RAT RESCUE WILL TAKE THE UTMOST CARE OF YOUR PET. HOWEVER, DUE TO THE UNPREDICTABILITY OF PETS, WE CANNOT BE RESPONSIBLE FOR ANY MISHAPS OF ANY NATURE (I.E. BITING, ACCIDENTAL/NATURAL DEATH, ETC.).

PLEASE CALL US IF YOUR RETURN IS DELAYED

____ Initials: **Pets left after seven days from the date of scheduled pick-up will be considered to be abandoned.**

____ Initials: Your pets will be placed for adoption on the eighth day after scheduled pick-up.

____ Initials: Former Owners will be responsible for any boarding fees incurred, veterinarian fees incurred, legal or attorney fees, filing fees that may be incurred to secure repayment for services provided.

I hereby certify that I am the owner of record of these animals. I have read this agreement and I understand the contents of this agreement.

Signed _____ **Date** _____