

©



Luxury Pet Services Release Form

Pets Name: _____ Age: _____

Breed: _____ Color: _____

Male _____ Neutered _____ Female _____ Spayed _____ No, My Pet Is Not S/N _____

Veterinarian: _____ Phone #: _____

Allergies: _____ Last Visit: _____ Reason: _____

Medical or Physical Concerns: _____

Owners are required to provide proof of current vaccinations: Rabies DHLP Bordetella

I Understand and Agree:

I GIVE LUXURY PETS SERVICES, LLC THE AUTHORITY TO PERFORM EMERGENCY FIRST AID AND/OR TO OBTAIN VET SERVICES NECESSARY FOR THE PROPER AND HUMANE CARE OF MY PET, AND I GIVE CONSENT TO RELEASE VET RECORDS TO LUXURY PET SERVICES, LLC.

TO PAY ALL VET BILLS INCURRED WHILE MY PET IS AT LUXURY PET SERVICES, LLC.

NOT TO HOLD LUXURY PET SERVICES, LLC RESPONSIBLE FOR ANY INJURY or ILLNESS INCURRED WHILE BEING BOARDED, GROOMED, OR IN DAYCARE.

IF MY PET IS NOT PICKED UP WITHIN 10 DAYS OF AGREED PICK UP DATE (UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE WITH OWNER) MY PETS ARE SURRENDERED TO LUXURY PETS SERVICES, LLC UNTIL ALL BILLS HAVE BEEN PAID.

TO PAY INCURRING COSTS FOR CARE AT THESE CURRENT RATES IF NECESSARY:

Capstar- \$10 per pill Flagyl- \$ 2.00 per pill LPS food- \$2.00 per day

I GIVE MY CONSENT FOR LPS TO USE MY PET'S PICTURE ON FACEBOOK AND ANY AND ALL ADVERTISEMENTS.
YES _____ NO _____

FOR MY PET/ PETS TO INTERACT WITH OTHER PETS. YES _____ NO _____

Owners Signature: _____

Owners Name: _____

Address: _____ City: _____ State: _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

How Did You Hear About Us?