

# Camp Ilene

## WAIVER FORM FOR \_\_\_\_\_

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I, the Client, authorize Camp Ilene to perform pet care services for my pet. My pet is current on all vaccinations and licenses. I certify that my pet has not been ill with any communicable condition in the last 30 days. I understand that Camp Ilene will not accept dogs unless they have been spayed or neutered.

I understand and agree that my dog(s) will at all times while attending Camp Ilene, have current vaccination status. I further understand that even if my dog is vaccinated for Bordatella (Kennel Cough) there is a chance that my dog can still contract Kennel Cough. I agree that I will NOT hold Camp Ilene responsible if my dog(s) contracts Kennel Cough. I understand that having my dog in the company and environment of other dogs may involve risks regarding the contraction of illness. I understand that even regular vaccinations cannot completely guard against illness and disease, and that Camp Ilene cannot in any way prevent, nor are they responsible for, any illness that my dog might contract.

I understand that there are risks inherent in having my dog boarded in an environment where the dogs are not kept in cages and are around other dogs and people. I understand that it is not always possible for Camp Ilene to prevent injuries that may occur during off-leash activities. All dog play is carefully monitored by Camp Ilene to avoid injury, but scratches, punctures, torn ligaments, etc., may occur despite the best supervision. I understand and agree, that Camp Ilene, its employees, staff or volunteers, will not be liable for any illness, injury, death, and/or escape of my dog. I acknowledge that Camp Ilene, its employees, staff or volunteers will take such actions as are reasonable to minimize these risks. I will be responsible for the actions of my dog if it causes any damage whatsoever, including but not limited to damage or injury to other dogs, people, or objects while in the care of Camp Ilene. I further understand and agree that my dog will have access to a fenced outside area and I agree to assume full liability if my dog escapes.

I understand and agree that Camp Ilene is not responsible for any injury to, or damage from, any cause whatsoever caused to, or by my dog, while it is in the care of Camp Ilene, provided that Camp Ilene has taken reasonable precautions to prevent such injury or damage, and I agree to indemnify Camp Ilene, its directors, shareholders, employees and servants from any loss, injury or damage they may suffer as a result of my dog, or any damage to me as a result thereof.

I warrant that my dog(s) is/are suitable to be in the care of Camp Ilene and is/are in good health and have not harmed, shown aggression or exhibited any threatening behavior towards any person or other dog. My dog is obedient and capable of following instructions. I further understand and agree that Camp Ilene reserves the right to use a bark control device, if my dog(s) creates a disturbance to the neighborhood. I will immediately advise Camp Ilene of any problems with my dog that could affect its behavior, health or suitability for a communal living environment and off-leash activities.

I understand that there are risks involved in having my dog cared for by Camp Ilene. In the event of illness or injury, I authorize Camp Ilene to take my dog to the nearest vet considered to be the most suitable by Camp Ilene, its directors, shareholders, employees or servants, should Camp Ilene deem it advisable. I agree to pay all vet care required or advised, in the opinion of the vet, to the amount specified on my Veterinarian Authorization Form. If the required care will exceed that amount, I know that Camp Ilene will try to contact me at the telephone numbers I have given when placing reservations for my dog(s). If they cannot reach me, Camp Ilene is authorized to use their best judgment in deciding whether to go ahead with any form of treatment recommended by the vet, whether the cost of such treatment exceeds my maximum amount specified on the Veterinarian Authorization Form or otherwise, and I agree to pay for all such care. I hereby release Camp Ilene

from all liabilities related to transportation, treatment, prescribed medications and expense. I agree to reimburse Camp Ilene for any additional fees for tending to emergency care as well as any expenses incurred for any other unexpected veterinary, food or other supply needs. I assume full financial responsibility for any and all expenses involved.

I represent and warrant to Camp Ilene that I have fully disclosed to it any history which my pet(s) may have of aggression, biting or causing other injury or damage to person, other animals or property, and I understand that Camp Ilene reserves the right to refuse service as a result thereof. Client will be liable for medical care expenses and damages that result from an animal bite. I further understand and agree that Camp Ilene and their staff will not be liable for any problem(s) that develop, and I hereby release them of any liability of any kind arising from my dog's attendance and participation at Camp Ilene.

I further understand and agree that if my dog(s) is/are not picked up by the end of the Camp Ilene regular business day, then I hereby expressly authorize Camp Ilene to take whatever action is deemed necessary for the continuing care of my dog(s) and I agree and promise to pay to Camp Ilene all costs of continuing such care upon demand by Camp Ilene. Further, I understand that if I do not pick up my dog(s) as scheduled, Camp Ilene shall be authorized to proceed according to California Civil Code section 1834.5 ("Abandoned animals; disposition; notice), which section provides as follows:

"Notwithstanding any other provision of law, whenever any animal is delivered to any veterinarian, dog kennel, cat kennel, pet grooming parlor, animal hospital, or any other animal care facility pursuant to any written or oral agreement entered into after the effective date of this section, and the owner of such animal does not pick up the animal within 14 calendar days after the day time animal was to be picked up, the animal shall be deemed abandoned. The person into whose custody the animal was placed for care shall try first for a period of not less than 10 days to find a new owner for the animal, and, if unable to place the animal with a new owner, shall thereafter humanely destroy the animal so abandoned. There shall be a notice posted in a conspicuous place, or in conspicuous type in a written receipt give, to warn each person depositing an animal at such animal care facilities of the provisions of this section."

I further understand and expressly agree that each and every of the foregoing provisions containing in all paragraphs above shall be in force and effect and shall apply to each and every occasion on which I board or deposit my dog(s) with Camp Ilene for daycare, or extended boarding, as the case may be; and that this Agreement shall remain in full force and effect as between the parties until and unless otherwise cancelled or superceded by a writing signed by the parties

This service contract shall be governed by and construed in accordance with the internal laws of the State of California applicable to contracts to be performed wholly within the State, without giving effect to the law of conflicts of laws applied thereby.

**My signature on this document indicates that I hereby certify that I have read and understand these rules and regulations set forth above in this Agreement, and each of its terms and conditions, and agrees to abide and be bound by these rules and regulations.**

Agreed and accepted this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

Owners

Signature: \_\_\_\_\_

# Camp Ilene

## VETERINARIAN AUTHORIZATION FORM

Veterinarian \_\_\_\_\_

Pets

Name/Names \_\_\_\_\_

During my various absences, Camp Ilene will be caring for my animal(s). They have my permission to transport them to and from your office or, in the case of large animals, request "on site" treatment from your office as is deemed necessary. I authorize you to treat my animal(s) and I will be fully responsible for all fees and charges and will pay for all charges they incur on my behalf upon my return. I further authorize you to give out any information about my animal(s) to Ilene Robbins, the owner of Camp Ilene.

Client

Signature \_\_\_\_\_

### ***Urgent Veterinary Treatment Authorization***

This form will be retained on file and will be used to authorize urgent veterinary treatment in the event that your pet(s) require such treatment during your absence and we are unable to contact you at the time. Should you change Vets, please notify Camp Ilene before service dates.

To whom it may concern: I have contracted for services from Camp Ilene during my absence and I authorize Camp Ilene to act on my behalf to request veterinary treatment and services when they deem it necessary. I accept full responsibility for charges incurred in the treatment of my pet(s), not to exceed the following amounts for each pet:

### ***Pet Name- Description- Maximum Amount***

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

If multiple pets require treatment, do not exceed a combined total of \$ \_\_\_\_\_

Camp Ilene reserves the right to utilize the services of any available veterinary clinic. If time permits, we will attempt to utilize your primary veterinary clinic.

I authorize you to treat my animal(s) and I will be fully responsible for all fees and charges and will pay for all charges that are incurred on my behalf, immediately upon my return.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date