



# Rabbit Haven

Sue Brennan  
PO Box 2268  
Gig Harbor, WA 98335



## Boarding Form

### Owner Info:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

### Animal Info:

Animal(s) Name(s): \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Age(s): \_\_\_\_\_ Color: \_\_\_\_\_

Gender(s): \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_

### Boarding Info:

Intake Date/Time: \_\_\_\_\_ Pick-Up Date/Time: \_\_\_\_\_

Rate: \_\_\_\_\_ Deposit: \_\_\_\_\_

### Contact Information While Away:

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Medical/veterinary Permissions:

\_\_\_\_\_ I have a veterinarian that I prefer my animal to see should Rabbit Haven deem it necessary while my animal is in their care. In the case of an emergency where my veterinarian is unable to accommodate my animal for any reason, I give permission for Rabbit Haven to have my animal seen and treated by a vet of their choosing at my sole financial responsibility.

Vet Name: \_\_\_\_\_ Clinic: \_\_\_\_\_

Vet Address: \_\_\_\_\_

Vet City/State/Zip: \_\_\_\_\_

Vet Phone: \_\_\_\_\_ Vet E-mail: \_\_\_\_\_

Vet Emergency Phone: \_\_\_\_\_

\_\_\_\_\_ I do not have a veterinarian that I prefer my animal to see should Rabbit Haven deem it necessary while my animal is in their care. I give permission to Rabbit Haven, should they deem needed, to have my animal seen and treated by a veterinarian of their choice at my sole financial responsibility.



# Rabbit Haven

Sue Brennan  
PO Box 2268  
Gig Harbor, WA 98335



## RELEASE AND INDEMNIFICATION AGREEMENT - RABBIT

Animal(s) Name(s): \_\_\_\_\_

I give permission for my Rabbit(or animal to be referred to as "my Rabbit" in this Release) to be boarded and cared for by Rabbit Haven. I acknowledge that the nature of being boarded may expose My Rabbit to hazards or risks that may result in My Rabbits's illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of My Rabbit being boarded by Rabbit Haven, I hereby accept all risk to my Rabbit's health and of his/her injury or death that may result from being boarded, I hereby release the Rabbit Haven, its governing board, officers, employees, volunteers, and representatives from any and all liability to my Rabbit, my Rabbit's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my Rabbit's property and for any and all illness or injury to my Rabbit's person, including his/her death, that may result from or occur during my Rabbit's Boarding, whether caused by negligence of the Rabbit Haven, its governing board, officers, employees, volunteers, or representatives, or otherwise. I further agree to indemnify and hold harmless the Rabbit Haven and its governing board, officers, employees, volunteers, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my Rabbit's negligent or intentional act or omission while being boarded.

Should my Rabbit require emergency medical/veterinary treatment as a result of accident or illness arising during my Rabbit's boarding, I consent to such treatments. I agree to be financially responsible for any medical/veterinary bills incurred as a result of emergency medical/veterinary treatments. I acknowledge that Rabbit Haven does not provide health and accidental insurance for my Rabbit while being boarded and I agree to be financially responsible for any medical/veterinary bills incurred as a result of emergency medical/veterinary treatment. I will notify Rabbit Haven representatives in writing if my Rabbit has medical/veterinary conditions about which emergency medical/veterinary personnel should be informed.

I understand and agree that Rabbit Haven assumes no responsibility for any injury or damage which might arise out of or in connection with authorized emergency medical/veterinary treatment.

I further agree that this Release shall be constructed in accordance with the laws of the State of Washington. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby.

**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY RABBIT'S INJURY OR DEATH OR DAMAGE TO MY RABBIT'S PROPERTY THAT OCCURS WHILE BEING BOARDED AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY RABBIT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Date signed: \_\_\_\_\_ 20\_\_\_\_