



BEHAVIOR & HEALTH CERTIFICATION

275 W Girard
Madison Heights, MI 48071
(248) 583-WOOF (9663)

1. I understand that Pawz Inn Inc. reserves the right to seek veterinary care for my pet in the case of injury or illness. We will attempt to contact you or your emergency contacts first, however if we cannot contact you or time doesn't permit we will proceed as we see fit. Parkview Animal Hospital will provide services to your pet in case of injury or illness. I will be fully responsible for all charges incurred for their services.
2. I understand that I am solely responsible for any damage or harm that may occur to another pet or human while my pet is in the care of Pawz Inn Inc. I also understand that I will be financially responsible for all damage and/or injury that occurs, which includes but is not limited to veterinarian costs, loss, and/or any damages caused by my pet while he/she is participating in daycare/ boarding.
3. I understand that daycare/boarding is not without risk. I understand that Pawz Inn Inc. and their staff, volunteers, & owners will not be liable for the actions & behaviors of my pet(s). I am solely responsible for them. I also understand that Pawz Inn Inc. will not be liable for any illness, injury, death, and/or escape. I absolve Pawz Inn Inc. and all persons associated with them from all responsibility for harm or damage my pet(s) may cause under any circumstance. I release Pawz Inn and all persons associated with them from all claims, claims by any family member, claims by persons accompanying me, and all liability whatsoever.
4. I declare that my pet is in good health and has not harmed another person or pet. My pet has not showed threatening behavior and is not aggressive.
5. Pawz Inn Inc. reserves the right to refuse any pet that does not meet the behavior & health requirements.

I have read and understand the behavior & health requirements. I accept all terms, statements, and conditions of this document.

Owner: _____ Date: _____