

# AARDVARKS ADVENTURELAND MEDICAL AUTHORIZATION & LIABILITY CONTRACT



Your dog's health, safety, and well-being are very important to us. We make every reasonable effort to provide a safe, comfortable, and routine boarding experience. However, boarding is not the same as a home environment. Changes in routine, environment, and activity may cause stress and can sometimes worsen existing conditions such as anxiety, mobility limitations, or age-related concerns.

## Respiratory Illness Disclosure

Dogs in boarding environments may have an increased risk of exposure to common canine respiratory illnesses, including but not limited to kennel cough and other upper respiratory infections. While Aardvarks follows reasonable sanitation and health protocols, **no boarding facility can guarantee a completely illness-free environment.**

By signing this addendum, you acknowledge and accept this inherent risk.

## Medical Care & Emergency Authorization

If your dog becomes ill or injured during their stay, Aardvarks will make reasonable efforts to contact the Owner. If the Owner cannot be reached, we will contact the Emergency Contact listed on file.

The Emergency Contact is authorized to:

- Make medical decisions on your behalf
- Pick up your dog if necessary
- Accept financial responsibility for veterinary care if the Owner cannot be reached
- If neither the Owner nor Emergency Contact can be reached, you authorize Aardvarks to seek veterinary care as deemed necessary for your dog's health and safety.

## Veterinary Treatment Authorization

Please initial one option:

- \_\_\_ Authorize all medically necessary treatment, regardless of cost, until I can be reached
- \_\_\_ Authorize treatment up to a maximum of \$\_\_\_\_\_ until I can be reached
- \_\_\_ Authorize treatment as advised by the veterinarian, excluding heroic measures (DNR)
- \_\_\_ Authorize treatment with the following limitations:

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# Health Disclosure



Overall Current Health:  Excellent  Good  Fair  Poor

Age-Related or Existing

Conditions (check all that apply):  None  Artheritis  Cognitive  Hearing  Vision

Other(s) \_\_\_\_\_

Pet Insurance Provider (if applicable): \_\_\_\_\_

Policy Number: \_\_\_\_\_

## Financial Responsibility & Liability Release

I understand and agree that:

- All veterinary expenses incurred during my dog's stay are my responsibility
- Charges may be applied to the credit card on file if immediate payment is required
- Aardvarks is not responsible for illness, injury, or death resulting from pre-existing conditions, stress-related responses, or common boarding risks
- I release Aardvarks, its owners, and staff from liability for illness or injury occurring during my dog's stay, except in cases of gross negligence

This authorization remains in effect for future stays unless updated by the Owner in writing.

## Owner Acknowledgment

I have read and understand this Medical Authorization & Liability Addendum. I confirm that all information provided is accurate and complete.

**DOG NAME(S):** \_\_\_\_\_

**OWNER NAME (PRINT):** \_\_\_\_\_

**OWNER SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_