

Riverbark Pet Retreat Master Services Agreement

We will ask that you renew this Agreement every 3 months.

Your pet care instructions are separate and will need to be filled out prior to each visit.

1. Vaccines: I understand that my pet must be fully up to date on vaccinations per the Pet Resort requirements.. This includes: Dogs = Rabies, Distemper, Bordetella, Fecal, and Influenza. Cats = Rabies and Feline Distemper.
I understand that in the event that fleas or ticks are found on my pet, my pet will be administered a capstar flea pill and a \$10 fee will be added to my final bill upon pick up.
____ initial
2. I understand that my pet will be picked up on the date that is confirmed per my reservation. This date will be confirmed at drop off. Should I need to change my pick-up date, I agree to contact Riverbark Pet Retreat immediately to inform the front desk team of the new pick up date.
Should there be no contact between client and Retreat for seven days past the agreed on pick-up date, Animal Control and Law Enforcement will be notified to begin the "abandoned pet" protocol. _____ initial
3. If noted on the pet care instructions to socialize my pet, I give Riverbark Pet Retreat permission to socialize my pet with any other pet(s) that are of like size and temperament. I understand that in group settings there may be situations that occur out of the staff's hands and release, barring negligence, the Retreat from any liability/injuries related to group social play. _____ initial
4. I am aware while my pet is boarding at Riverbark Pet Retreat that camera footage, social media, and website media are accessed by both teammates and other clients. I give my permission for video/photo release of my pet for these platforms. I understand other users of Riverbark Pet Retreat's camera app may see my pet in their boarding room view and/or group play yard(s). _____ initial

5. Medical Treatment Authorization:

DURING BUSINESS HOURS:

NON - URGENT MEDICAL ISSUES:

I understand a Resort team member will contact me prior to treatment to request permission to treat my pet for non-urgent medical issues discovered while boarding. _____ initial

URGENT / EMERGENCY MEDICAL ISSUES:

I understand that in the event of an emergency regarding my pet(s) where immediate attention is needed, a doctor from Riverbark Animal Hospital of Spring Lake is available to perform necessary treatment to protect the health and comfort of my pet.

- YES:** I give Riverbark Pet Retreat permission to perform necessary urgent care treatment to my pet(s) while in the facility on my behalf. I understand I will be notified by a teammate on the stability and health of my pet during the course of their treatment. If I am unreachable, a decision will be made on my behalf for the health and wellbeing of my pet.

I understand that I am responsible for any bill(s) incurred by any veterinary care my pet may receive

- NO:** I do **NOT** give Riverbark Pet Retreat permission to perform necessary treatment to my pet(s) while in the facility before I have been contacted.
I understand that by choosing "NO", I must be contacted prior to any treatment and this action may compromise the life and/or health of my pet. In the event of an emergency and I cannot be reached, I understand basic treatment to stabilize my pet WILL be performed until contact can be made with me regarding continued care.

URGENT AFTER HOUR / WEEKEND MEDICAL ISSUES

Hospital business hours are 7:30am–6pm M-F, Saturdays 8-12pm. Outside of these times there is no doctor on site. If an emergency or urgent matter occurs, to my pet, after normal business hours, I understand that I will be contacted by the Retreat team to discuss options for treatment. _____ initial

It is expected you provide an alternate emergency contact that can make decisions on behalf of your pet as well as be available to pick up and transport your pet to Points East Emergency Hospital if an emergency arises. If you do not have an alternate or they are not available for transport, a team member from the Retreat can transport your pet on your behalf. _____ initial

If an emergency situation arises and both you and your alternate are unable to be contacted a team member will contact a manager and can arrange to transport your pet on your behalf.

_____ **YES - Provide emergency transport and care of my pet if you can't get a hold of myself or my alternate**

_____ **NO - Do not provide any emergency transport or care if you can't get a hold of myself or my alternate. I understand by choosing this option this action may compromise the life and/or health of my pet.**

I understand that all charges incurred from Points East Emergency are separate from our facility and must be paid in full at time of service. Pet Retreat charges must be paid in full at time of pick up. _____ initial

Retreat transportation fee = \$85 and will be added to your Retreat invoice. _____ initial

6. Belongings: I understand my pet is provided a cot and a fleece bedroll or blanket from the Retreat team.

Dog Beds from home are not permitted.

Permitted items include: Blankets, Towels, T-shirts and up to 1 play toy from home.

I understand that bringing comfort items is at my own risk, these items may be chewed or lost.. _____ initial

***Riverbark Pet Retreat is not liable for the consumption or obstruction of bedding, toys and belongings. ***

7. BILLING is based on a nightly rate, per pet. I am aware payment is due in full at the time of pick-up for my pet(s).

An estimate can be provided at the client's request upon drop-off to anticipate total due at retrieval of pet(s).

_____ initial

Barring Negligence, Riverbark Pet Retreat cannot be held responsible for events that are out of our control. This includes illness or injury that may occur while your pet is staying in our facility for any service. I hereby release and waive Riverbark Pet Retreat and its team members from any liability associated with caring for my pets. I have read and understand the policies of Riverbark Pet Retreat's facility and agree to the above statements.

Client First/Last Name: _____

Signature: _____

Pet Name(s): _____

Date: _____