



Serenity Paws

All pet boarding establishments in Virginia are required to present to the consumer the following Notice:

STATE OF VIRGINIA LAW NOTICE:

The boarding of animals is subject to Article 3.1

(S3.1-796.83:1 et seq.) of Chapter 27.4 of Title 3.1. If your animal becomes ill or injured while in the custody of the boarding establishment, the boarding establishment shall provide the animal with emergency veterinary treatment for the illness / injury.

The consumer shall bear the reasonable and necessary cost of emergency veterinary treatment for any illness or injury occurring while the animal is in the custody of the boarding establishment. The boarding establishment shall bear the expense of veterinary treatment for any injury the animal sustains while at the boarding establishment if the injury resulted from the establishment's failure, whether accidental or intentional, to provide the care required by S3.1-796.68: however, boarding establishments shall not be required to bear the cost of veterinary treatment for injuries resulting from the animal's self-mutilation.

PAYMENT IS DUE AT THE TIME OF SERVICE



Serenity Paws

REGISTRATION AND MEDICAL RELEASE FORM

I, the undersigned, am the parent/legal guardian of :

Full name of Pet(s) _____
Breed: _____
Color: _____

Full name of Pet(s) _____
Breed: _____
Color: _____

Full name of Pet(s) _____
Breed: _____
Color: _____

Full name of Pet(s) _____
Breed: _____
Color: _____

Full Name of parent/guardian:

Address:

Phone:

Email address:

EMERGENCY CONTACT :

IN CASE OF AN EMERGENCY, I /we authorize Kimberly Darling in whose care the Pet(s) has been entrusted, to present such Pet(s) to an approved medical treatment center, and do consent to an X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the Pet under the Veterinarian or Veterinarian surgeon licensed to practice in any state of the United States.

Owner's Signature

Date Signed

This release is valid from: _____ until _____
(Today's Date) (Date not to exceed one year from today's date)

Credit Card for Treatment: _____ Exp: _____ CVV: _____

Cardholders Signature

Date Signed



Has your pet relieved itself today (at time of drop off): Urine: Y N BM: Y N

Feeding Instructions:

Brand of Food: _____

Amount: _____ Frequency: _____

ANY OF THE PETS HAVE A HISTORY OF SEIZURES?

Medications: (Please list names of medications including dosage and what time meds are
Feel free to attach additional instructions

Has pet had any medications today: YES (if yes list medications) NO

Personal Belongings that you are bringing with the pet:

(we will not be held responsible for loss or damage of any belongings)

Special Instructions:



While your pet is being boarded in the event of an emergency the following information needs to be on file

Resuscitation Code Status:

Patients admitted to a 24-hour intensive care situation are typically unstable and/or critically ill. It is important that we fully understand the owner's intentions for their pet in the event of a cardiac and/or respiratory arrest. It is also important that owners are aware of the costs and prognosis associated with a patient undergoing one or more CPR situations.

Please sign with your initials beside the resuscitation status that best represents your intentions and wishes in the event that your pet experiences a cardiac and/or respiratory arrest. The resuscitation code in no way reflects the level of patient care or monitoring provided to any patient.

_____ DNR: **Do Not Resuscitate.** No CPR will be performed.

_____ CLOSED Resuscitation: Medications, tracheal intubation, mechanical ventilation, extrathoracic compressions, and electronic defibrillation will be utilized in an attempt to resuscitate the patient.

Date:_____

Signature of Owner/Agent: _____

Official Photography Release Form

I, the undersigned, hereby grant the organizers the right to use my photo entry for promotion of:

SERENITY PAWS

I hold the organizers free from any liability that may arise from the use of my photo. I authorize reprinting for exhibit and production purposes. This certifies that I have read and understood the rules and that my entry abides by all of them. I understand that by submitting this entry, my photo may appear in newsletters and other paraphernalia published by the organizers.

Full name :

Email address:

Signature

Date Signed