Boarding at House Rabbit Society Rabbit Center 2022 Liability Waiver

Health Issues

I have, to the best of my knowledge and recollection, disclosed all of my rabbit(s)' health issues. I understand that HRS requires all rabbits boarding to be free from contagious diseases and undergoing treatment for any noncontagious health conditions. I agree to provide all medications and instructions for treatment for any rabbit currently undergoing veterinary treatment. I understand that HRS and its staff/volunteers are not liable or responsible for any illness my rabbit may develop, accidental injury, or the death of my rabbit while boarding. I understand that HRS staff is not on-site from 5pm - 9am and cannot provide medical treatment at night. ______ Initial

Veterinarian Name:	Veterinary Clinic:
Clinic Address:	Clinic Phone Number:

Cancellations & Late Pick-up

I understand that there is no fee for a cancellation made more than 48 hours in advance of arrival date, and that I will pay 100% of boarding charges for canceling with less than 48 hours notice or if we are a "no show." In addition to regular daily fees, \$120/day will be added for each day a rabbit is boarded beyond the scheduled pick-up date. _____ Initial

Boarding Fees

I understand that I am responsible for full payment at the time of pick-up for all boarding services and fees, requested grooming services, and any veterinary expenses incurred. _____ Initial

In Case of Medical Emergency

If my rabbit becomes ill/injured and needs veterinary attention, House Rabbit Society will attempt to contact me, and then my emergency contact(s). If neither can be contacted, I authorize House Rabbit Society to seek any necessary treatment. I understand that I will be solely responsible for all veterinary expenses. In addition to veterinary expenses incurred, I will be responsible for \$50/hour HRS staff time during the transport, diagnosis, and treatment of my ill/ injured rabbit. ______ Initial

 $\hfill\square$ I authorize up to ______ in emergency medical care or

□ I authorize whatever is necessary per the veterinarian's recommendations

I understand that HRS does not provide staff, neither animal care nor medical, on premises overnight. _____ Initial

RHDV2 Liability

I hereby certify that my rabbit(s) is current on their RHDV2 vaccination and proof of vaccination has been provided to HRS staff prior to drop off. _____ Initial

I understand that if I give false information regarding my rabbit's RHDV2 vaccination, I will have my boarding reservation canceled and will not be able to book for boarding with House Rabbit Society in the future. _____ Initial

In the case of an onsite RHDV2 outbreak, I am aware that House Rabbit Society must act in accordance with the current outbreak and quarantine protocols as outlined by the California Department of Food and Agriculture, which can include but is not limited to a four-month quarantine period onsite at the Rabbit Center. In the case of an RHDV2 outbreak, HRS will not charge a boarding fee for the length of the quarantine. _____ Initial

I understand that if an outbreak were to occur onsite while my rabbit is in the facility, that all medical care during the quarantine would be performed by HRS's on-staff veterinarian.

Printed Name of Owner:

Signature of Owner:

Date: _____

Printed Name and Title of HRS Representative: _____

Signature or HRS Representative:_____

Date: _____