Owner:		Home Phone:	Home Phone: ()		
.ddress: Emergency Phone: ()					
Veterinarian:	Histor	ry Of Seizures?: Yes/No)		
Breed:	Name:	Color:	Sex: M/F Birt	h Date:	
Breed;	Name:	Color:	Sex: M/F Bir	th Date:	
Breed:	_ Name:	Color:	Sex: M/F Bir	th Date:	
Should any boarding an right to administer aid a paid by the owner, in add Daily boarding charges Another day will be bill the date this boarding ar are paid in full. Any and date of pick up. Owner incurred in the care, main	nd /or to use any lition to other be begins at the dated. Customer and is to be pictural left uncalle shall remain lial	y available veterinarian . carding fees. te of check in until 9 A.M grees to notify this kenneked up. No boarding and for unpaid for ,shall be ble for complete boarding	Any expenses so incur. M. The day of checkour el in advance if there is mimal will be released u e disposed of 7 days fro ag bill as well as all oth	t. After 9a.m. s any change in until all charges om the scheduled	
The owner of the anima the collection of any boa agent.	l or his agent ag arding,grooming	rees to pay attorney's feat, or other charges incurr	es incurred by this boar ed by the owner of this	rding facility in animal or his	
I/We hereby release, wai and employees all for the and any and all loss of a suited for the purpose of premises in any way poffencing.	e purpose there lamage claims o f the animals use	in referred to as "release r any demand on accour e. Canine Cuts will not	" from all liability to the strate of but, accepts this area of but be responsible if any a	ne undersigned eing safe and nimal escapes the	
I have read this release Owner or Agent of Pet		lease Canine Cuts of any Boarding Rate:	loss or damage. Date:	Facility	

Pickup and Drop off Hours

M -F 7-10 AM and 4-6 PM

Sat 8-10 AM

Sun 4-5 pm

Pick Up before 9 no charge for that day