

Animal Activity Center, Inc.

39319 Garfield Rd.
Clinton Twp., MI 48038
586-412-3900

2021 Animal Activity Center Small Mammal Liability Release Form

Guest's First Name: _____ Owner(s) Last Name: _____

Please acknowledge the following policy statements by initialing in the space provided and signing on the bottom of page

___ For myself, my heirs and any assigns, I hereby release Animal Activity Center, Inc., it's agents, officers, subcontractors, employees, animal owners, customers, and potential customers, of Animal Activity Center, Inc., from any and all liabilities, financial or otherwise, for injuries to myself, my bird, or any other property of mine which arise in any way from our services and/or products provided by or as a consequence of my association with Animal Activity Center, Inc. with exception to gross negligence.

___ In consideration of the services rendered to the Guest or Client by Animal Activity Center, Inc., the Guest or Client waives any and all claims, actions or demands of any nature, foreseen or unforeseen, that he/she may have now, or in the future, have against Animal Activity Center, Inc. relating to the care, control, health, and/or safety of the Guest or client arising during transport, drop-off, and stay at the facilities at which the Guest is being cared for. This will remain binding for any situation with exception to gross negligence. This includes any medical situation arising from articles, clothing, treats, toys, and chews of any type that I, or my designated visitors, bring to the AAC for my pet. The Animal Activity Center, Inc. also reserves the right not to distribute to your pet any article, toy, treat, etc...that we feel may harm the pet in any manner, but that actual determination of harm cannot always be made, and therefore, we will attempt to distribute any and all articles that owner, and their other authorized persons, deem safe for their pet.

___ I, the Client, agree to assume all liabilities and responsibilities, financial or otherwise, for the behavior and health of my pet. I the Client agree to hold Animal Activity Center, Inc. harmless from any claims, actions, or demands, against Animal Activity Center, Inc. arising during the pick-up, transport, drop-off, and stay at Animal Activity Center, Inc., with exception to gross negligence.

___ I, the Client, understand that the AAC reserves the right not to accept any pet at check-in if he/she appears to be sick, not up to date on vaccinations or testing, or in any way appears to jeopardize the safety or health of other pets or people.

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___ I, the Client, authorize the Animal Activity Center, Inc. to do whatever they deem necessary for the safety, health, and well-being of my bird while under the care of Animal Activity Center, Inc. I understand that if my pet is in need of care, the AAC will try to contact me. However, in the event that the AAC cannot reach me, or one of my emergency contacts, this clause acts as authorization to pursue all medical attention that is needed at my own expense.

___ I, the Client, understand that even though other pets are up to date on vaccinations and testing, there is NO GUARANTEE against diseases. I understand that my pet may catch an "Upper Respiratory Infection" just as if a child were to catch a cold by going to school/daycare. In addition, the stress of boarding could result in loose stool, diarrhea, vomiting or lethargy. I understand that it is my responsibility to care for my pet and any charges that incur and not that of the AAC.

___ I, the Client, understand that **Checkout time is 12:00pm** and if my pet is not picked up by 12:00pm, I will be charged for another full day of boarding per pet. I also understand and agree that the AAC will not release my pet from their facility until all charges have been paid including any charges incurred from Parkway Small Animal and Exotic Hospital.

___ I, the Client, understand that the AAC does charge a **Holiday Charge of \$5.00/day/per pet for the day before, day of, and the day after a Holiday**. I have been made aware of the Holiday charges and do understand that I am responsible for these charges.

Client Signature: _____ Client's Printed Name: _____

Witness Signature: _____ Date: _____