



San Diego House Rabbit Society

Caring for Rabbits and the People
Who Love Them for Over 20 Years!

BOARDING CONTRACT

Boarding Fees	Per Night *
Single rabbit	\$22.00
Bonded pair	\$26.00
Each add'l rabbit in same pen	\$ 5.00
Bigger pen than 4'x4'	\$ 5.00

* Drop-off hours are 10 a.m. to 5 p.m. Pickup must occur by 12:00 p.m. or incur an additional night's fee.

Your Name:					
Address:					
Home Phone:		Cell Phone:			
Day/Date Rabbit(s) Dropped Off:			Time:		
Day/Date of Expected Return:			Time:		
Email Address:					
In case of an emergency, please list the best telephone numbers to reach you while you are away:					
1.					
2.					
Email Address:					
Please complete the following, to tell us about your rabbit(s) and his/her normal behavior:					
Rabbit Name(s):		Male	Female		
Breed(s):					
Age(s):		Spayed/Neutered?	Yes No		
My rabbit(s) are currently housed: Indoors Outdoors					
My rabbit(s) are caged: Part of the time All of the time Has free run					
Rabbit	(name) is:	Active all the time	Very Quiet	Both active & quiet	
Rabbit	(name) is:	Active all the time	Very Quiet	Both active & quiet	
Rabbit	(name) is:	Shy	Aggressive	Friendly	Scared
Rabbit	(name) is:	Shy	Aggressive	Friendly	Scared
* My rabbit(s) eats the following:	Hay	Pellets	Greens	Pellet Quantity :	
I feed my rabbit(s) pellets:	AM	PM	Both		
I feed my rabbit(s) greens:	AM	PM	Both		
My rabbit(s) drinks:	Full crock each day	Half crock each Day	Very little water		
My rabbit uses a bottle, not a crock:	Yes	No			
* Please bring your rabbit's food pellets including any treats. You may also bring a favorite toy, blanket, or stuffed animal.					
1.					
2.					
3.					

SDHRS Boarding Contract

Veterinarian Name/Clinic Name:
Address:
Phone Number:
<p>My vet, named above, has been made aware that I will be out of town and that my rabbits are being cared for by SAN DIEGO HOUSE RABBIT SOCIETY. (We recommend that you provide your vet a letter authorizing emergency treatment, including telephone numbers where you can be reached.) I have also made arrangements for payment, with my vet, should an emergency arise. I understand that every attempt will be made to reach me should there be a medical emergency while I am away, but if I am not able to be reached, my vet has my permission to make a judgment call regarding the medical care of my rabbit(s). I take full responsibility for any bills incurred for my rabbits, and hold San Diego House Rabbit Society, and its owners and volunteers, harmless.</p>
<p>In the event of my rabbit(s) death, please have my vet do the following (i.e., conduct necropsy; save body for cremation/burial; dispose of body, etc.) Please list desired actions:</p>
<p>I understand that it is against the law to abandon an animal. Should I not return for my rabbit(s) on the agreed upon date, or make other arrangements, I agree that the above named rabbit(s) will be relinquished to San Diego House Rabbit Society and put up for adoption, thirty (30) days after our last communication.</p>
<p>SDCRS shall not be liable for, and the rabbit(s) owner shall indemnify SDCRS and any of its representatives, against any and all claims, expenses or costs of any kind, including attorneys' fees and court costs, arising out of or in any way connected with the boarding of the rabbit(s) owner's rabbit at SDCRS.</p>
<p>By signing this Agreement, I guarantee that my rabbit(s) is healthy with no pests such as fleas, etc., and my rabbit(s) has been examined by a vet within six (6) months of boarding. If my rabbit(s) are not in good health, I must discuss with SDHRS any health issues prior to leaving my rabbit(s).</p>
Signature of rabbit(s) owner:
Signature of SDHRS Rep:
Date:

Additional Services:	Nail Trim	Grooming	Nursing Care
Bathing	Other: (describe)		

List and description of personal items left for rabbit(s): * (Please do not bring any towels or blankets which tend to get lost in the wash.)		
1.		
2.		
3.		
4.		
5.		
6.		
7.		

- I understand that SDHRS is not liable for any personal property damaged, destroyed or lost during my rabbit(s) stay.

Day/Date Rabbit(s) Dropped Off:		Time:
Day/Date of Expected Return:		Time:
Signature of Rabbit(s) Owner:		Date:
Day/Date Rabbit(s) Dropped Off:		Time:
Day/Date of Expected Return:		Time:
Signature of Rabbit(s) Owner:		Date:

SDHRS Boarding Contract

MEDICAL TREATMENT AUTHORIZATION

In the event that my rabbit(s) has a medical emergency or becomes ill while at San Diego House Rabbit Society's boarding facility, I authorize you to provide any care deemed medically necessary for my rabbit(s). Please make the best efforts to contact me to discuss a medical plan and estimate.

If it is deemed necessary by SDHRS that my rabbit(s) should be treated by a veterinarian, please take my rabbit(s) to the following veterinarian ("Preferred Vet"):

Veterinarian Name: _____

Address: _____

Phone No.: _____

If my Preferred Vet is not available, I authorize SDHRS to take my rabbit(s) to the veterinarian of their choice.

I understand and authorize you to act without my verbal consent if I cannot be contacted, in which case please do not provide treatment that exceeds the following amount: \$ _____.

If the treating vet's recommended treatment exceeds the approved amount, I would like you to do the following:

- Request a treatment plan that is less expensive
- Euthanize my rabbit if condition is considered fatal
- Provide pain relief only
- Other _____

I give authorization for the credit card specified below to be charged by the treating veterinary office at the time services are rendered. I authorize SDHRS to provide my credit card information to the treating veterinary office for this purpose.

Please provide information for the credit card to be charged for medical services below:

Name on Credit Card: _____

Credit Card #: _____

VISA, MC, Discover? _____

Expiration Date: _____

Security # on back of Credit Card: _____

Rabbit(s) Name(s): _____

Signature: _____

Date: _____

Rabbit(s) Name(s): _____

Signature: _____

Date: _____

Rabbit(s) Name(s): _____

Signature: _____

Date: _____