

Montrose Street Menagerie



Owner(s) Name (s): _____

Home Phone # _____ Cell Phone # _____

Work Phone # _____ Other Phone # _____

Address: _____ Email : _____

City: _____ Province: _____ Postal Code: _____

Emergency Contact: _____

(Must be available during your pet's stay in case of emergency)

Emergency Contact Phone #s: _____

First Pet Name: _____ Breed: _____

Male [] Female [] Neutered (M) [] Spayed (F) []

Birthday: _____ Description: _____

Does your pet have any known medical concerns or problems/allergies: Yes [] No []

Allergies: _____

Does your pet have the following vaccines? (Please provide copies of certificates)

Parvovirus: _____ Distemper: _____ Rabies: _____ Bordetella: _____

Second Pet Name: _____ Breed: _____

Male [] Female [] Neutered (M) [] Spayed (F) []

Birthday: _____ Description: _____

Does your pet have any known medical concerns or problems/allergies: Yes [] No []

Allergies: _____

Does your pet have the following vaccines? (Please provide copies of certificates)

Parvovirus: _____ Distemper: _____ Rabies: _____ Bordetella: _____

Primary Vet Clinic: _____ Secondary Vet Clinic: _____

Signature: _____ Date: _____

MSM STANDARD RELEASE FORM

The safety of your pet is first and foremost at Montrose Street Menagerie. Please read this document carefully and sign and date at the bottom stating that you have understood the agreement. Any following references to "I" in this statement includes you, your beneficiaries, your heirs and personal representatives. Any reference to "Montrose Street Menagerie" or "MSM" refers to owner and founder, Minna Goulet.

1. I understand that MSM relies on the information I provide including:
 - (a) that my pet is in good health, and up to date with vaccinations according to veterinarian's recommendations,
 - (b) is sociable with other animals and people; and has not displayed threatening behaviours towards any other animal or person.
2. I understand and agree that MSM is not liable for injuries to my pet, to me or damage to my property while my pet is in MSM's care. By signing below, I release MSM from any and all liability of any kind which my pet or I may suffer while participating in any services at MSM.
3. I understand and agree that any problems with my pet including medical, behavioral or otherwise will be attended to as deemed best by MSM. I understand and agree that MSM has my pet's best interest in mind while making all decisions while my pet is in MSM's care. I understand that I am financially liable for any expenses involved regarding the behavior and health of my pet.
4. In the unlikely event that a medical emergency arises while my pet is in the care of MSM, MSM shall contact me at the numbers provided to confirm my choice of action. If I cannot be reached, I authorize MSM to seek immediate medical attention for my pet from the closest licensed veterinarian or emergency clinic. If this happens, I will pay for any treatment my pet receives. I understand that after medical treatment has been secured I will be notified. I understand that this process is to avoid delay.
5. I understand and agree that there are risks when socializing my pet. I agree that the benefits outweigh the risks and I accept all risks, including during playtime.
6. I understand and agree that a few of the risks of a mixed pet environment are, but not limited to; kennel cough, minor scrapes and cuts and colds and flu. I understand and agree that MSM makes every effort to ensure that all pets entering the facility are in good health and require veterinary records. I understand that MSM is not responsible for my pet contracting any viruses or infections.
7. While my pet is in MSM's care, I authorize MSM to take photographs of my pet. MSM may use these photographs of my pet in print, online or otherwise for promotion and/or publication.

I understand this Release Form and am satisfied with the information provided. I have no questions prior to signing this Release below. I am the legal owner or authorized agent for the owner of this pet indicated below, and I am over 18 years of age.

Pet(s) Name(s): _____

Owner's Name: _____ Date: _____

Signature: _____