Boarding Contract



Name:			
Address:		City:	Zip:
Phone:	Cell:		
Email:			
Emergency Contact:		Phor	ie:
Boarding Dates:			
Rabbit(s) Name(s):			
I authorize medical care f contact me in a safe time NO YES		t Rescue feels	s it is necessary and cannot
Is there a monetary limit NO YES Amount: \$ If your rabbit's medical notate over the care of you	 eeds exceed the monet		need? uthorized, whom do we call to
Name:			
Phone:			
any rabbit(s) being boarded mentioned herein. I unders	with Rabbit Rescue, Inc. tand any environmental c ditions in the rabbit(s) an	I have read thi hanges can ca d will not hold	Rabbit Rescue or any of its members
expired or unpaid contract.	Any monies owed must be Rabbit Rescue, Inc., its a /guardian, Rabbit Rescue	e paid to resurgents, or a vet gents, or a vet , Inc. reserves	
Signature:		Date:	