



## Health, Medication and Emergency Authorization

This clause forms an integral part of the boarding agreement.

### 1. Health Disclosure

The client declares that they have fully and honestly disclosed:

- Any known medical condition of their dog
- Any current medication
- Any relevant veterinary diagnosis

The client agrees to notify Espace Chien immediately of any change in their dog's health condition or medication. Any omission or false declaration may result in refusal of the dog or immediate termination of the stay, without refund.

### 2. Dogs Requiring Vital Medication

The boarding facility does not accept dogs whose life strictly depends on essential medication (e.g., diabetes requiring insulin, severe heart disease, advanced kidney failure, serious neurological disorders, etc.).

The facility is not a veterinary establishment and does not provide continuous medical supervision.

In such cases, the client must use a veterinary clinic or a medical boarding facility.

### 3. Non-Vital Medication

The boarding facility may administer non-vital medication provided that:

- It is supplied in its original container
- The official veterinary label is visible
- The dog's name appears on the prescription
- Written instructions (dosage and frequency) are provided

The client must provide all necessary items required to administer the medication (pill pockets, cheese, peanut butter, syringe, etc.).

The facility does not guarantee full absorption if the dog refuses, spits out, or vomits the medication.

### 4. Medication Fees

A fee of \$3 per administration will be charged for any medication given to the dog.

## 5. Limitation of Liability

The boarding facility acts with reasonable care and diligence; however:

- It is not responsible for the worsening of a pre-existing condition
- It is not responsible for complications related to the dog's health condition
- It is not responsible for any unpredictable reaction to medication provided by the client

The facility's liability, if any, is limited to the amount paid for the stay.

## Acceptance

- I confirm that my dog does not depend on any vital medication.
- I have disclosed all relevant medical information.
- I accept the \$3 per medication administration fee.
- I have read, understood, and accepted this clause.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_