MY BUDDY BOARDING INN FOR PETS, INC.

1140 S. GUIGNARD DRIVE
SUMTER, SC 29150

RELEASE OF LIABILITY

This Release of Liability is entered into between "My Buddy Boarding Inn for Pets, Inc.", hereinafter called "Boarding Inn" and the undersigned, hereinafter called "Releasor."

WHEREAS Releasor has placed the animal(s) described hereinbelow in the Boarding Inn for boarding and/or grooming:

PET'S NAME	**BREED**	**SEX**	**AGE**

NOW, THEREFORE, for and in consideration of the room, board and/or grooming to be provided the above named animal(s) by the Boarding Inn, the parties hereto agree and covenant as follows:

1. Releasor hereby releases the Boarding Inn from any and all liability at any time for damages, injury, or illness of the said animal(s) happening or occurring while the said animal is in the care and custody of the Boarding Inn at any time. Releasor agrees never to sue any or all of the persons or entities who are connected with the Boarding Inn in connection with any and all claims arising out of the boarding and/or grooming of the said animal(s) at the said Boarding Inn at any time and specifically waives all damages, claims, demands, rights, and causes of action of any type whatsoever at any time, regardless of the legal theory upon which such claims may be based.
2. Releasor hereby authorizes the Boarding Inn to seek and obtain medical care or treatment of a local veterinarian when and if, in the Boarding Inn's sole discretion, it determines that the said animal(s) is sick or injured, and releasor hereby agrees to pay for any and all veterinarian bills incurred for any such treatment.
3. Releasor hereby authorizes the Boarding Inn to offer for adoption the said animal(s) if same is not claimed and taken into custody by Releasor within one week after Releasor's proposed return date as provided to the Boarding Inn.

THIS RELEASE is binding upon the Releasor, together with his heirs, assigns, personal representatives, successors and beneficiaries.

_____ _____

PRINT FULL NAME RELEASOR SIGNATURE

ADDRESS: _____

TELEPHONE: _____EMERGENCY NUMBER: _____

NEAREST RELATIVE: _____

CONTACT PERSON: _____

VETERINARIAN: _____

DATE: (Month)_____(Day)_____(Year)_____