

Pet Coverage for Vet Care Service
Julian's Pet Grooming, Daycare & Boarding
11233 Rojas Ste. E, El Paso, TX 79935

Agreement

This is not an insurance policy. This is a service here at Julian's Pet Grooming, Daycare & Boarding that we provide to help pay for veterinary services for your pet in case of accident or illness while staying at with us for boarding. This coverage is individual not intended for multiple dogs. This only covers the dog specified below. We reserve the right to refuse coverage to anyone for illness or injury on the suspicion of place of origin.

Initials _____

Cost

The cost of vet care services coverage is \$20 for up to one week stay and \$15 for each additional week. **This service is not prorated.** Your pet will be covered for up to \$300 in Montana Animal Clinic vet fees. There are no refunds or credit for this service.

What's covered?

Any expense at Montana Animal Clinic for up to \$300 in vet care services including the cost of the visit, treatment, medication due to illness or accident originated while staying at Julian's. No pre-existing conditions, injuries or diseases will be covered. There is no coverage once the dog has been picked up from our facilities unless the illness or injury originated within us and was not noticed by any of our staff before leaving. Since many diseases including bordetella have an incubation period of weeks, we won't cover any disease that might have originated prior to boarding. Allergies or allergic reactions are not covered. Bordetella is not covered under this agreement for any stays shorter than a month. Ear infections on the following breeds: spaniels, retrievers or hounds (including mixes) are not covered.

Initials _____

When can I use this service?

Each time you leave your dogs at Julian's you will need to pay in advance for the full stay. There is no fractional coverage, e.g. If your dog stays 10 nights you pay the cost of coverage for two weeks which is \$15 for the first week and \$10 for the remaining nights. Each week consists of 7 nights. Coverage expires after the pick-up date written below.

Initials _____

_____/_____
Dog's Name and Owner's Name

Owner's Signature

Julian's Staff Signature (this coverage is not valid without stamp)
name)

Issued by (Julian's Employee's name)

Invoice or receipt number

of Nights

\$ _____
Total Paid

_____/_____/_____
Drop off Date

_____/_____/_____
Pick up Date