

**Wilson's on Moosehead Lake, Inc.**

**PET CONTRACT - OWNER HEALTH CERTIFICATION & LIABILITY WAIVER**

I, \_\_\_\_\_, hereby certify that my pet(s) are in good health and not ill with any communicable condition or flea infestation.

CAT / DOG – \*BREED \_\_\_\_\_

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1. I understand that I am solely responsible for any harm and/or damage caused by my pet(s) while at Wilson's on Moosehead Lake. I agree to pay for any and all repairs and/or extra cleaning charges that my pet(s) incurs.
2. In addition to the room rate, I agree to pay an extra **\$10 PER PET PER DAY**.
3. I agree to never leave my pet(s) unattended in the room, and always leashed when outside.
4. I agree to not allow my pet(s) on any bed or furniture/chairs while staying at Wilson's. **As a precaution, chairs and bed must be covered with an additional sheet/blanket to protect from animal hair & staining.**
5. I understand and agree that Wilson's on Moosehead Lake has relied on my representation that my pet(s) is/are in good health, free of fleas and ticks, and has/have not harmed or shown "serious" aggressive or threatening behavior toward any person or another pet.
6. I understand that Wilson's on Moosehead Lake and staff will not be liable for any problems that develop, and I hereby release them of any liability of any kind whatsoever arising from my pet(s) staying at Wilson's.
7. I further understand and agree that if my pet requires medical attention for any reason, I will assume full financial responsibility for that care.
8. If applicable, I understand that I, the owner, am solely responsible for their care and actions.
9. I understand that if any of the above pose a problem, and I am asked to leave because of my pet's actions/behavior, no refund will be given for early departure.
10. I authorize Wilson's on Moosehead Lake, Inc. to charge my credit card that is on file below for any and all damages or extra cleaning that may arise.

**I have read and fully understand the above:**

**SIGNATURE OF OWNER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CREDIT CARD ACCOUNT:** \_\_\_\_\_ **EXP. DATE:** \_\_\_\_\_