

## Dog Daycare and In-Home Boarding Agreement and Waiver Form

Please initial that you have read and understand each point - please ask for clarification if necessary.

I represent that my dog is in good health, is current on all required vaccinations (DHLPP, Rabies and Bordetella), is current on Flea/Tick Preventative Medication and has not been ill with any known contagious viruses in the last 30 days.

Initial \_\_\_\_\_

I understand that while my dog is fully vaccinated that vaccines are not 100% fool proof and there is still a risk (albeit minimal) that my dog may contract a contagious virus/disease. I agree that should this occur I am responsible for my own pets' care and medical attention.

Initial \_\_\_\_\_

I agree to allow 7 days waiting period after my dog has had his/her vaccinations to allow the vaccines to reach full protection potential and to ensure my dog has not had any negative reaction to the vaccines.

Should I allow my dog to stay at Thee Place For Paws in a shorter than 7 day wait period I understand that my dog could be at risk of contracting a contagious virus/disease.

Initial \_\_\_\_\_

I represent that my dog will be evaluated and deemed suitable for daycare/boarding.

Initial \_\_\_\_\_

I represent that my dog is sociable and has not harmed or shown threatening behaviours towards any person or any other dog. I understand that should my dog display any unwanted behaviours while in the care of Thee Place For Paws that staff will remove him/her from the play area.

Initial \_\_\_\_\_

I understand that although all dogs are fully supervised that incidents of injuries may occur. This includes that my dog could receive bites, scrapes and scratches from his/her playmates.

Initial \_\_\_\_\_

I allow Thee Place For Paws staff to contact my/a veterinarian as deemed necessary should any injuries require medical attention. I agree that I am responsible for any medical bills acquired for my own pet.

Initial \_\_\_\_\_

I agree to disclose any previous or current medical issues/concerns of my dog so that Thee Place For Paws staff can make a determination of suitability for daycare/boarding.

Initial \_\_\_\_\_

I release Thee Place For Paws from any liability should my dog injure another dog or person and accept medical and legal responsibility of my pets' actions.

Initial \_\_\_\_\_

I have read and understood the daycare/boarding policies found on New Client Assessment document.

Initial \_\_\_\_\_

With my signature below I certify that I have read and understand the agreement and waivers. I agree to abide by the regulations and accept all terms and conditions as set out.

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

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

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