



Dog Daycare and Boarding
Agreement And Pet Owner's
Complete Release of Liability

DOG DAYCARE, PET CARE AGREEMENT

Your Name:

Address: City, State, Zip _____

Home Phone () - _____ Work Phone () - _____

Dogs Name: _____ Age: _____

Breed: _____

1. I further understand that YOUR GOOD DOG DAYCARE. has relied upon my representation that my dog is in good health and has not injured or shown aggression or threatening behavior to any person or dog in admitting my dog for services at their facility.

2. I further understand that YOUR GOOD DOG DAYCARE, their owners, staff, partners and volunteers, will not be liable, financially or otherwise, for injuries to my dog, myself or any property of mine while my dog is participating in services provided by YOUR GOOD DOG DAYCARE. I hereby release YOUR GOOD DOG DAYCARE of any liability of any kind arising from my dogs participation in any and all services provided by YOUR GOOD DOG DAYCARE.

3. I further understand and agree that any problems with my dog, behavioral, medical or otherwise will be treated as deemed best by staff of YOUR GOOD DOG DAYCARE. In there sole discretion, and in what they view as the best interest of the animal. I understand that I assume full financial responsibility and all liability for any and all expenses involved in regards to the behavior and health of my dog.

4. I further understand that there are risks and benefits associated with group socialization of dogs. I agree that the benefits outweigh the risks and that I accept the risk. I desire a socialized environment for my dog while attending

services provided by YOUR GOOD DOG DAYCARE and while in their care. I understand that while the socialization and play is closely and carefully monitored by YOUR GOOD DOG staff to prevent injury, it is still possible that during the course of normal play my dog may receive minor nicks and scratches from roughhousing with other dogs. Any injuries to my dog will be pointed out by staff upon pick-up.

5. I understand by allowing my dog to participate in services offered by YOUR GOOD DOG DAYCARE. I hereby agree to allow YOUR GOOD DOG DAYCARE to take photographs or use images of my pet in print form or otherwise for publication and/or promotion.

6. I further understand that I am solely responsible, financially or otherwise, for any harm or damage caused by my dog while my dog is attending any services provided by YOUR GOOD DOG DAYCARE.

7. I understand that if my dog is not picked up on time or by a date specified in a separate agreement. I hereby authorized YOUR GOOD DOG DAYCARE to take whatever action is deemed necessary for the continuing care of my dog. I will pay YOUR GOOD DOG DAYCARE the cost of any such continuing care upon demand by YOUR GOOD DOG DAYCARE. I understand that if I do not pick up my animal, YOUR GOOD DOG DAYCARE will proceed according to the guidelines provided by Florida Statute 705.19 Abandonment of animals by owner; procedure for handling. I also acknowledge that I will be fully responsible for all attorney's fees and associated costs if I abandon my dog.

Signature of Owner _____

Date _____

Printed Name _____

DOG DAYCARE MEDICAL RELEASE FORM

This is a required form for all YOUR GOOD DOG DAYCARE participants receiving services. First and foremost, the safety and well being of your pet(s) is of the highest importance. Insuring that your pet remains safe and well cared for is our first responsibility and as such we take it very seriously. We do our best to have our pet parents screen for pre-existing health conditions but some factors may be beyond our control. In the event that a medical emergency arises while a pet is at our facility or participating in a service that we provide. It is imperative that we are immediately able to get them medical treatment at the closest available facility. We will call ahead to the veterinary offices in closest proximity geographically to us to insure they can handle the emergency present. Your pet will be rushed to the closest available facility for treatment and you will be notified. We notify the owner after we have secured a medical treatment center for the animal to avoid delays that may be caused by emotion on the part of the owner. Our goal is to get your pet medical attention as quickly as humanly possible, and any distractions may interfere with that process.

For that reason it is a requirement to have our pet parents sign this form. I understand that in the event of a medical emergency, that YOUR GOOD DOG DAYCARE at its sole discretion deems to need the immediate attention of a licensed veterinarian. I authorize YOUR GOOD DOG DAYCARE to seek medical attention at the closest available veterinary facility. I further agree that I am financially responsible for any medical treatment my pet(s) receives as a result of a medical emergency while attending services provided by YOUR GOOD DOG DAYCARE.

Signature of Owner _____

Date _____

Printed Name _____