

SERVICES/MEDICAL/LIABILITY CONTRACT & WAIVER



**DOG TRAINING, BOARDING & DAY CARE**

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Address (if different from Mailing Address): \_\_\_\_\_

Owner's Home Phone: \_\_\_\_\_ Owner's Cell Phone: \_\_\_\_\_

Owner's Work Phone: \_\_\_\_\_ Owner's EMAIL: \_\_\_\_\_

Emergency Contact (Name/Phone) \_\_\_\_\_

Name of Dog's Vet: \_\_\_\_\_

Phone Number of Dog's Vet: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Dog's Age: \_\_\_\_\_

Sex: Mail/Female \_\_\_\_\_ Spayed/Neutered? Yes/No \_\_\_\_\_

Medical Allergies/Problems? Please Explain:  
\_\_\_\_\_  
\_\_\_\_\_

Medicine Instructions (Amount/Frequency):  
\_\_\_\_\_

Feeding Instructions (Amount/Frequency): \_\_\_\_\_

Has your dog shown any signs of aggressive behavior to another person, dog or cat? Please explain: \_\_\_\_\_  
\_\_\_\_\_

Is your dog food, space or toy possessive? \_\_\_\_\_

Has your dog ever been attacked by another dog? Please explain:  
\_\_\_\_\_

How does your dog react to children and unfamiliar people?  
\_\_\_\_\_

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Does your dog have any sensitive areas or other things I should know? Please explain:

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Circle obedience commands your dog knows: sit - stay - come - down - off - leave it - wait - drop it

Date of last Rabies Vaccination: \_\_\_\_\_

Date of last DHLPP Vaccination: \_\_\_\_\_

Date of last Bordatella Vaccination: \_\_\_\_\_

Flea/Tick Prevention dog is currently on: \_\_\_\_\_ Frequency: \_\_\_\_\_

Date last dosage administered: \_\_\_\_\_

**PAYMENT OF SERVICES:** You agree to pay for all services provided to your pet. 24 Hour Advance Notice required for cancellation of services by TEXT Message, EMAIL or phone. Contact must be made by 8AM the day before services are to be rendered otherwise a full day of service must be paid.

**YOUR EMERGENCY CONTACT:** Your Emergency Contact is not someone traveling with you if you are out of town. If you can't be reach, you agree that your Emergency Contact has full and complete authority to make any and all decisions, including related to health of your Pet and expenditure of funds, for or on behalf of your pet.

**EMERGENCIES/MEDICAL ISSUES:** In an emergency or medical problem deemed to be treated immediately for the well being of your Pet, every effort will be made to contact you or your designated Emergency Contact. You agree that Canine Obedience by Claire Silver and/or staff, at their sole discretion, is authorized to transport, and/or make medical decisions on your behalf for the care and well being of your Pet. Furthermore, you agree to pay any financial costs associated with your Pet's care if medical or other services are deemed necessary. Veterinary Services will be provided based upon geographic and availability of those services as determined by Canine Obedience staff.

**PET HEALTH/BEHAVIOR:** You acknowledge that we may contact appropriate authorities if your Pet bites another Pet or any person. While your Pet is staying here, he or she will come in contact with other Pets. Every effort will be made to ensure the safety of your Pet, however, some pets in play may receive minor nicks or scratches. You acknowledge the following:

- You acknowledge and agree that in the unlikely event your Pet is injured by another Pet, YOU RELEASE CLAIRE SILVER AND HER AGENTS FROM ANY LIABILITY FOR SUCH INJURY.
- If your pet injures another Pet, you will be solely responsible for any injury to the other Pet(s) as well as your own Pet, and YOU RELEASE CLAIRE SILVER AND HER AGENTS FROM ANY LIABILITY FOR SUCH INJURY.
- Communicable diseases: All Pets on the premises are required to be vaccinated. However it is still possible for a Pet to become ill, even if vaccinated. You understand this risk and agree that YOU RELEASE CLAIRE SILVER AND HER AGENTS FROM ANY LIABILITY for any illness suffered by your Pet during or after its stay, including but not limited to Canine Cough.
- If at any time your Pet is found to have fleas or ticks, services may be provided for flea or tick removal treatment, and you authorize Canine Obedience and its staff to provide such services at your expense.

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**LIABILITY:** If your Pet injures another Pet, Person or Property, you will be solely responsible for all medical services and financial costs associated with the care or replacement of said property. You understand this risk and agree that YOU RELEASE CLAIRE SILVER AND HER AGENTS FROM ANY AND ALL LIABILITY. All medical, legal or financial costs associated with the injury, loss of life or replacement of property is your sole responsibility.

**CONTINUING CARE:** Check-In/Check-Out times and Class times are all prearranged. Any extended time beyond the agreed periods must be made in advance. Any services rendered beyond the agreed times will be charged to you based upon the extended nature of the service and you agree to be financially liable for all those costs.

Signature of Owner: \_\_\_\_\_

Printed Name of Owner: \_\_\_\_\_

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

Canine Obedience

Claire Silver