



DOG DAYS ENROLLMENT FORM

Dog's Name: _____

Breed: _____ **Color:** _____

Age: _____ **Sex:** M F **Neutered/Spayed:** Y N **Size:** SM M L XL

Owner's Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Cell Phone Number: _____ **Second Number:** _____

Email Address: _____

Emergency Contact: _____ **EC Phone #** _____

How did you hear about us?

Referral? Who? _____

Internet [] **Advertisement** [] **Drive By** [] **Other** []

Your Veterinarian: _____

Release Agreement

Dog Days, LLC ("Dog Days"), its owners, its employees, and its independent contractors are committed to providing a safe, healthy environment for all of its customer and their pets. Pet ownership, daycare, grooming, boarding and training, however, present certain risks. Such risks include, but are not limited to dog bites, dog fights, transmission of diseases, and other incidents that may occur on the premises of Dog Days or while pets are being exercised off the premises.

For the sole consideration of Dog Days allowing the undersigned ("Releaser") to receive daycare, grooming, boarding, training and/or other services from Dog Days, Releaser on his/her behalf of his/her heirs, executors, administrators assigns and all co-owners of Releaser's pet(s), hereby now and forever, fully and finally, release acquits and discharges Dog Days, its owners, employees, agents and assigns from any and all claims, demands, rights and causes of action whatever kind and nature, arising from, bodily and personal injuries, damage to property, and the consequences thereof, no matter the cause, resulting from or in any manner relation to the provision of daycare, grooming, boarding, training, or any other services offered by Dog Days. Releaser understands and acknowledges the significance and consequences of such specific intention to release such claims and hereby assumes full responsibility for any damages or losses incurred by releaser by reason of the aforesaid release.

Releaser hereby authorizes Dog Days to obtain and medical and vaccination records for Releaser's pet(s), to contact Releaser's veterinarian directly for purposes of obtaining such records, and to contact said veterinarian directly should the need arise.

I, RELEASER, HEREBY AGREE TO THE ABOVE.

Releaser _____ Date _____

My dog may co-mingle with other dogs. Releaser _____ Date _____

AUTHORIZATON, ACKNOWLEDGMENTS AND WAIVER

Dog Behavior and Health

I understand that Dog Days reserves the right to refuse services or use of its facilities for dogs who, in its sole determination, are unhealthy, act aggressively, are undisciplined, evidence inappropriate behavior or who may otherwise be a danger to themselves or other animals or users. To use the facility my dog must be spayed or neutered if it is older than 8 months of age. Distemper/Parvo, Rabies, and Bordatella vaccinations must remain current. If requested to do so, I will provide dog days with an up-to-date health certificate verifying compliance with these requirements. Dog Days' reserves the right to suspend usage if I do not provide required verification, and in such event I am not entitled to any refund or credit. I acknowledge that I undertake responsibility for, and will not hold Dog Days liable for, any illness or ailment which my dog may incur while in the presence of other dogs at the facility or otherwise.

Injuries

I acknowledge that dogs are encouraged to socialize and exercise at Dog Days and that injury to my dog can reasonably be foreseen to result from playing and roughhousing while in the care of Dog Days. I agree to assume the risks and hazards that might be expected to arise from such use and the presence of my dog's interaction with other animals. I also agree that Dog Days shall not be responsible, monetarily or otherwise, for injuries to my dog which may arise in the course of play or which may be caused by the presence or actions of other dogs. I shall hold Dog Days and its employees harmless from, make no claims against, or indemnify Dog Days and its employees against any costs, damages, claims or expenses (including vet fees) that may result from an injury or illness to my dog, or to another dog, if caused by my dog. I understand that my agreeing to the foregoing and specifically, my agreement to not hold Dog Days responsible for the payment of veterinarian bills is of the essence of this agreement and that Dog Days would not agree to care for my dog without this inducement to do so.

Veterinary Care

If, in my absence my dog should be injured, become ill, or is otherwise deemed by Dog Days to require immediate veterinarian attention, Dog Days is authorized to consult with and utilize the services of my veterinarian for treatment and guidance. If my veterinarian is unavailable, Dog Days' is authorized to utilize the services of any other reputable veterinarian records and past medical history.

Additional Care

Dog Days is not responsible for the loss of or damage to any personal property which I may leave at the facility (including: beds, harnesses, leashes, toys, etc.) I understand that my dog must wear a quick release collar in the daycare during its day at Dog Days, and for safety purposes, my dog must also have an identification tag attached to its collar.

By signing below, I acknowledge that I have read and accept the terms and conditions stated above.

Signature

Print Name

Date