**Terms and Conditions Agreement**

1.  I understand that I am solely responsible for all harm caused by my dog(s) while my dog(s) is/are attending daycare, being groomed, or is being boarded, or is using any other service offered at Adorable Pooches Palace.

2.  I understand and agree in admitting my dog(s) that Adorable Pooches Palace and staff have relied on my representation that my dog(s) is/are in good health and has/have not harmed or shown aggression or threatening behavior toward any person or any other dog.

3.   I understand and agree that if there are any issues including, but not limited to: illness or injury, then Adorable Pooches Palace, their staff, and volunteers will not be liable; if reasonable care and precautions have been followed.  I hereby release Adorable Pooches Palace, their staff, and volunteers of liability of any kind arising from my dog’s attendance at Adorable Pooches Palace.

4.  I understand and agree that any problem that develops with my dog(s) will be treated as deemed best by the staff at Adorable Pooches Palace, in their sole discretion, and that I will assume full financial responsibility for all expenses involved.  I authorize Adorable Pooches Palace to obtain medical records and/or treatments for my dog in the event of injury or illness from my veterinarian or from the closest veterinarian clinic.  By signing this document, I further direct said veterinarian to provide such records upon request.

5.  I understand that it is my responsibility to manage my dog(s) vaccinations and provide proof of current vaccinations to Adorable Pooches Palace prior to service on an ongoing basis.   I further understand that if I fail to provide proof of current vaccinations or if my dog’s vaccinations are found to be expired or otherwise incomplete, Adorable Pooches Palace has the right to refuse service until current proof is provided.

6.   If my dog arrives at the facility with fleas and/or other parasites, Adorable Pooches Palace has the right to bathe and quarantine my dog(s) until pick-up by myself or my agent, and I take full responsibility for any expenses incurred for such reasons.

7.  I understand that my dog(s) may experience minor cuts, scratches, puncture wounds, and abrasions due to the nature of dog play.  I understand that the pads on my dog’s paws may become sensitive or irritated before becoming accustomed to walking on various surfaces, such as concrete or gravel.

8.  I understand that Adorable Pooches Palace is a place where animals co-mingle in groups, and I am financially responsible for the medical treatment of any injuries, or illness that my dog(s) receives or inflicts on another dog(s) or any person including but not limited to employee’s, or volunteers, and customers of Adorable Pooches Palace while on Adorable Pooches Palace property.

9.  I allow my dog(s) to be photographed, videotaped, and/or used in any media or advertising without prior approval by me.  All such photographs, etc. are the property of Adorable Pooches Palace.

10. I understand that additional fees may be added to my total if my dog requires Palace Provided meals, or special care of any kind. I further understand that fees may be added for picking up my dog outside of business hours. Failure to schedule a boarding reservation prior check-in may also result in additional fees.

11.  I understand that all personal items that are left on the Adorable Pooches Palace property are at risk of being destroyed, misplaced or removed by another client.  Adorable Pooches Palace, its staff, and volunteers are not responsible for the replacement of those items including, but not limited to: collars, harnesses, leashes, bedding, bags, treats, food, toys, clothing, towels, etc.

12.  I understand that I may have a paper copy of these forms at any time.  They are located on the desk for my convenience, but if I cannot find them I may request assistance from any Adorable Pooches Palace employee and they will give me a copy.

I certify that I have read and understand the terms and conditions set forth on this page, the application, and health forms. I agree to abide by the terms and conditions and accept all terms, conditions, and statements of this agreement.

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**