**

# Liability Waiver & Consent suite dog daze llc

**AGREEMENT TO PARTICIPATE**

I understand certain activities that my pet may participate in, including daycare, boarding, one-on-one play, pool activity, multiple dogs of one family sharing a kennel and movement within, or outside the facility, involve risk and possible injury, including but not limited to:

* Exposure to parasites, viruses, and other medical conditions passed from dog-to-dog or person-to-dog.
* Sprains, strains, bites, broken bones.

• Fatigue, hotspots, dehydration, nicks, cuts, or death.

I further understand that not each and every potential risk can be listed above but, nonetheless agree that the benefits associated with dog socialization outweigh the possible risks. Therefore, I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify Suite Dog Daze LLC and its agents, successors, & heirs, from any and all liability, claims, demands, actions, or rights of action, which are related to, arise out of, or are in any way connected with my pet’s participation in activities at Suite Dog Daze LLC, including those *allegedly* attributable to the negligent acts or omissions of Suite Dog Daze LLC or their staff.

**ALLERGIES, SPECIAL DIETS, MEDICATIONS**:

 I agree that I will disclose to Suite Dog Daze LLC any allergies my pet may have. I further agree to disclose to Suite Dog Daze LLC any special dietary needs or medications my dog may require if necessary during activities at Suite Dog Daze LLC. \_\_\_\_\_(Initial)

**VICIOUS TENDECIES/AGGRESSION**

I affirm that I am not aware of any vicious tendencies by my pet. I affirm that my pet does not show aggressive signs toward people, or dogs. I further understand that should my dog display any aggression of any kind toward staff of Suite Dog Daze Llc, that SDD Llc., has the right to refuse to provide services at any time. \_\_\_\_\_\_\_\_\_\_(Initial)

**AUTHORIZATION FOR MEDICAL CARE**

If my pet is injured, or becomes ill while participating at Suite Dog Daze Llc., I understand SDD Llc, will make every reasonable effort to reach me pursuant to the contact info I have provided. In the event that SDD Llc., is unable to reach me, I understand that they will seek appropriate medical care and I accept all responsibility for any and all expenses associated with such care. \_\_\_\_\_\_\_\_\_\_(Initial)

I authorize the following credit card to be used in the event of a medical emergency

CC#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_exp date:\_\_\_\_\_\_

Cvc code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name on card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(SDD Llc., keeps ALL card information safely secured in a locked cabinet)

**AGREEMENT TO PAY**

I agree to pay for all services for my pets participation in activities at Suite Dog Daze Llc., including, but not limited to; daycare, grooming, boarding, training, and any additional add on services that I have requested. \_\_\_\_\_\_\_\_\_\_(Initial)

SDD Llc., accepts cash, credit/debit card, or paypal.

**DAMAGES**

I accept responsibility of paying for any damages to the facility, property and/or equipment caused by my pet. I further accept responsibility should my pet injure another animal or human while participating Suite Dog Daze Llc. \_\_\_\_\_\_\_\_\_\_\_(Initial)

**RIGHTS TO DECLINE**

I understand that SDD Llc., has the exclusive right to decline services or terminate mine, and my pets participation in any and all activities, for any reason at any time.

**WEBCAM/SOCIAL MEDIA**

I understand that my dog may be recorded on video, or still photographed and such images may, or may/not be posted on social media outlets for SDD Llc., promotional material.

**DAYCARE/BOARDING GUIDELINES**

I agree to pick up my dog from grooming, boarding and/or daycare by 6:30pm(Mon – Fri) and by 4pm (Sat/Sun). I understand that if I fail to pick my pet up by closing time, that my pet will be placed in boarding until the following day at the full rate of boarding $34.95 for pets 45 lbs or under ,$39.95 for pets over 45 lbs. \_\_\_\_\_\_\_\_\_\_(Initial).

I understand that check-in for daycare is 7am – 9am. I understand daycare hours for half day are 4 hours from the drop off time. Full days are anything beyond 4 hours.

I understand that boarding hours begin at 4pm and end at 4pm the following day. I agree to pay a daycare fee if my dog is checked in prior to 4pm. I understand that late check-out fees may apply if my dog is picked up later than 4pm.

I understand that if I do not have provisions for payment at the time of pick-up, that SDD Llc., may withhold my pet and continue to charge boarding services until full payment is made. I understand that if I fail to pay within 7 days of scheduled pick-up, that Suite Dog Daze Llc., will begin abandoned pet proceedings as permitted by Marion County Law. \_\_\_\_\_\_\_\_\_\_(Initial)

# Suite dog daze llc

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State/Zip\_\_\_\_\_\_

Phone(Cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address(Required for boarding/daycare/grooming confirmation and invoicing).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed . Date of Birth / / .

Description .

Veterinarian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that my pet is on a regular flea/tick treatment program\_\_\_\_\_\_\_\_\_\_\_(Initial)

When was your pet last treated for flea/ticks? Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Product \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*I understand that my pet may be given flea treatment including a flea bath at my expense, if fleas, or signs of fleas are noticed on my pet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Initial)

I certify that my pet is free from communicable diseases, parasites, and contagious illnesses \_\_\_\_\_\_\_\_\_\_(Initial).

Vaccine Dates: Dhpp \_\_\_\_\_\_\_\_\_ Lepto \_\_\_\_\_\_\_\_\_ Bordetella \_\_\_\_\_\_\_\_\_ Rabies \_\_\_\_\_\_\_\_\_\_

Medications my dog is taking \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My pet is spayed/Neutered/intact (please circle one).

I understand that I may be asked to have my pet spayed/neutered, after the age of 6 months, in order to continue participation in group play. \_\_\_\_\_\_\_\_\_\_(Initial)

How did you hear about us: Google/Facebook/wordofmouth/drive-by/flyer/referral/other.

Please list how you heard about us, if it is not listed above:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Welcome to suite dog daze llc.

## Thank you for allowing us the priviledge of caring for your pet!

2090 Front Street NE Salem, OR 97301 (503)383.7833 suitedogdaze@gmail.com

By signing Suite Dog Daze Llc Liability Waiver and Consent form, I have read, understood and agreed to all the terms listed within this document.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name