

**INTEND THAT THIS AGREEMENT BE A COMPLETE AND UNCONDITIONAL
RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.**

Terms and Conditions

For good and valuable consideration, including, without limitation, the intangible value I and my dog will gain by participating in the Camp, the sufficiency and receipt of which I irrevocably acknowledge, I, on behalf of myself and my dog ("Dog") hereby agree, represent, and warrant as follows:

1. Representations and Warranties.

I represent and warrant that (a) I am over eighteen (18) years of age; (b) my Dog is at least six (6) months of age; (c) my Dog has a current license and is wearing current tags; (d) my Dog is healthy, free from parasites and any disease(s) or condition(s) which would make my Dog a danger or threat in any way to any participant, spectator, or other individual or animal; (e) my Dog is current with all vaccinations including, without limitation, rabies, distemper (also known as DHLPP – Distemper, Hepatitis, Leptospirosis, Para influenza, Parvovirus vaccine), and Bordetella (kennel cough); (f) my Dog is not aggressive, has not, at any time, harmed or shown aggression or threatening behavior toward any person or animal, including, without limitation, as a result of being in large crowds, high foot traffic areas, close quarters with humans and/or other animals, or stimulating, nosy environments; and (g) my Dog's attire and/or enclosure will not have any logos or advertisements on it.

2. Acknowledgement and Assumption of the Risk.

a. I acknowledge and agree that (i) I am bringing my Dog to the Camp for my/their personal enjoyment; (ii) dog breeds that have been deemed dangerous and/or vicious by state statute, law, ordinance and/or the like are prohibited from participating at the camp; (iii) my Dog will be in close proximity with many other animals of all types plus a variety of sounds, smells, and other people and the Camp is a crowded, stimulating, and noisy environment; (iv) Chasin' Tails, LLC reserves the right to refuse or revoke admission to any person and/or dog(s); (v) if requested by Chasin' Tails, LLC, I agree to provide to them veterinarian records showing that my Dog is up-to-date on all vaccinations, including those listed in Section 1(e) above; (vi) the sale or negotiation for sale or adoption of any dogs/pets brought in to the Camp is strictly prohibited on the Camp grounds, in the parking lot, or any adjacent areas and will result in revocation of admission to the Camp and removal therefrom; and (vii) if Chasin' Tails, LLC revokes admission to me and/or my Dog, then I will not be entitled to any refund of any kind.

b. I understand that (i) the employees of Chasin' Tails, LLC are not veterinarians, do not have backgrounds in animal medicine and are not expected to diagnose or detect illnesses in the pets that are admitted to the Camp; (ii) vaccines do not protect against all communicable illnesses; (iii) there are inherent risks and dangers associated with my participation in the Camp and bringing my Dog to the Camp including, without limitation, illness, disease, serious bodily injury to me and/or my Dog, including permanent disability, paralysis, death, and/or severe personal and economic losses, which may be caused by my own actions, inactions and/or negligence, or the actions, inactions and/or negligence of others participating in the Camp, the conditions in which the Camp takes place, malfunctioning equipment, and/or third parties, Chasin' Tails, LLC and/or the Releasees; (iv) there may be other risks not known to me or not readily foreseeable at this time in connection with participation in the Camp; and (v) any injuries I and/or my Dog may sustain may be compounded by negligent emergency response or rescue operations provided by Chasin' Tails, LLC, the Releasees, the Camp coordinator, sponsor(s), or others, including local, city and county officials. My choice to participate in the Camp is knowing and voluntary. I have considered and fully accept the risks involved in my and my dog's participation in the Camp including, without limitation, serious bodily injury, including permanent disability, paralysis, death, and/or severe personal and economic losses, and fully and voluntarily assume liability for losses, costs, and damages I and/or my Dog may incur as a result of my participation in the Camp.

3. **Release.**

I, on behalf of myself, my heirs, executor, or anyone entitled to act on my behalf, hereby fully and forever release and discharge hereby release and discharge Chasin' Tails, LLC and the Releasees from all injuries (including death), liability, claims, demands, losses, or damages including, without limitation, reasonable attorneys' fees and costs) of any kind, of or to me, my Dog, my or others' property, or any other person or animal, directly or indirectly arising out of or in connection with my participation in the Camp, including, without limitation, if caused in whole or in part by Chasin' Tails, LLC, any of the Releasees, a third party, and/or other dog(s), including, without limitation, negligent emergency care and/or rescue operations (collectively, the "Released Claims").

4. **Release of Unknown Claims.**

With respect to all claims released herein, I agree that the releases set forth herein shall constitute full releases in accordance with their terms. I knowingly, intelligently and voluntarily waive and relinquish, to the maximum extent permitted by law, any and all rights and benefits I have or may have, which provides as follows:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS THAT THE CREDITOR OR RELEASING PARTY DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE AND THAT, IF KNOWN BY HIM OR HER, WOULD HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR OR RELEASED PARTY.

I acknowledge the significance and consequences of the releases contained herein. I am waiving all such rights and benefits, including those under any statute or common law principle.

5. **Consent to Medical Treatment.**

If Chasin' Tails, LLC deems medical care is important to my health and/or the health of my Dog and/or requires immediate action during the Camp, I hereby consent to receive medical treatment and/or transportation of myself and/or my Dog to the closest available medical or veterinary facility, respectively, and treatment at such facility. I hereby grant permission to Chasin' Tails, LLC, its owners, employees, agents or otherwise to take any and all necessary action to ensure the wellbeing of myself and my Dog while attending the Camp. I understand that I am solely financially responsible for all costs related to any such medical treatment, medical transportation and/or evacuation received by myself and/or my Dog.

6. **Covenant Not to Sue.**

I, on behalf of myself, my heirs, executor, or anyone entitled to act on my behalf, agree never to commence, prosecute, or cause to be commenced or prosecuted any claim, lawsuit, court action or other legal proceeding or demand against Chasin' Tails, LLC and/or any of the Releasees, nor join or assist in the prosecution of any claim for money or other damages which anyone may have in connection with the Released Claims, and I waive any rights I may have to do so. This means that neither I nor my heirs, executor, or anyone entitled to act on my behalf can sue to hold Chasin' Tails, LLC and/or any of the Releasees responsible for any of the Released Claims, even if it is due to the negligence, act, omission or other fault of Chasin' Tails, LLC and/or any of the Releasees. I also waive my insurers' right to make a claim against Chasin' Tails, LLC and/or any of the Releasees or their respective insurance companies based on payments by insurers to me or on behalf of me and/or my Dog for any reason. This means my insurers have no rights of subrogation against Chasin' Tails, LLC and/or any of the Releasees, or their respective insurance companies.

7. **Indemnity.**

I agree to defend, indemnify, hold harmless and reimburse Chasin' Tails, LLC and each of the Releasees from and against any and all damages, losses, costs, judgments, settlements, awards or expenses of whatever kind (including reasonable attorneys' fees and costs) arising from any claim, action, or demand related to (a) the Released Claims; (b) a breach by me of my representations and/or warranties in this Agreement; (c) any and all acts or behavior of my Dog including, without limitation, bites, aggressive behavior, damage to other animals, people or property; and/or (d) my failure to inform Chasin' Tails, LLC of any pre-existing condition my Dog may have, whether physical, social or psychological.

8. **Grant of Rights.**

I hereby consent to the recording, filming, and/or photography of me and/or my Dog while participating in the Camp and grant Chasin' Tails, LLC and its licensees, designees, successors and assigns the worldwide right, in perpetuity to use and publish my and/or my Dog's name and likeness, voice, and/or photograph, singularly or as part of composite or reproductions in connection with my participation in the Camp, in any medium now known or in the future devised including broadcast, telecast, motion picture, video or sound recording, for any purpose (whether commercial or otherwise), including advertising and promotion, without further compensation or permission.

9. **Governing Law; Jurisdiction.**

All matters arising out of or related to this Agreement shall be governed by and construed in accordance with the laws of the State of South Carolina, without giving effect to any choice or conflict of law provision or rule. Any claim or cause of action arising under this Agreement may be brought only in the federal and state courts located in Dillon, South Carolina, and I hereby consent to the exclusive jurisdiction of such courts.

10. **General.**

This Agreement constitutes the sole and entire agreement between Chasin' Tails, LLC and me with respect to the subject matter hereof and supersedes all prior and contemporaneous understandings, agreements, representations and warranties, both written and oral, with respect to such subject matter. If any portion of this Agreement is held to be invalid, unenforceable or illegal by a court of competent jurisdiction or any other competent governing authority, then such provision(s) shall be deemed severed from this Agreement, the remainder if this Agreement shall continue in full legal force and effect. The terms of this Agreement shall continue in perpetuity from the date this Agreement is executed by me. This Agreement shall be binding upon and enforceable against me, my personal representatives, spouse, assigns, heirs, executor, next of kin, insurers, successors and assigns, without limitation. No failure or neglect

of Chasin' Tails, LLC or the Releasees to exercise any right, power or privilege hereunder or under law shall constitute a waiver of any other right, power or privilege or of the same right, power or privilege.

ACCEPTED AND AGREED TO THE ABOVE TERMS AND CONDITIONS:

OWNER/AUTHORIZED PERSON

DATE

Boarding Agreement

To ensure the comfort and health of your pet while they are boarding with us, we want to ensure that you clearly understand our policies. Please review the following policies before signing the agreement.

- If any required vaccines are not up to date during the time of your pet's stay, your pet will be vaccinated appropriately and charges will be added to the final boarding invoice to be paid at pick-up.
 - Dogs must be current on Rabies, DAPPV(L), and Bordetella vaccines as well as have a current fecal and heartworm test.
- If during your pet's stay, he/she is found to have any external parasites such as fleas or ticks, he/she will be treated at the owner's expense.
- Your pet may behave differently while here than at home. Our staff will provide reasonable care to ensure that your pet is safe and healthy during his/her stay here. If your pet were to sustain an injury or illness while here, a physical exam and treatment will be performed to keep your pet comfortable and happy for the duration of his/her stay. You will be responsible for any treatment expenses that are performed to address the problem and alleviate discomfort for your pet. All attempts will be made to contact you at the number you provide however, if contact can not be made, appropriate care will be given.
- Boarding charges are for each night that he/she is here. These charges include the boarding and feeding of our kennel diet or the diet that you have provided. Special diets needing during his/her stay, that must be provided by us, are not included in this charge.
- All medications brought for your pet must be brought in the original container with the labeled instructions from the prescriber. Please do not put medications into pill containers or bags or in with their food.
- All boarding fees must be paid prior to release of your pet to you or whomever you have deemed responsible for picking up him/her from our facility.
- Please be aware that there are no staff members here overnight and on weekends when we are closed there is not a doctor in the facility. If your pet needs medical attention after hours, a doctor will be contacted to come in and examine them at your expense.

Signature of Owner _____ Date _____

Dog Boarding Registration Form



OWNER INFORMATION

Owner Name : Home Number : _____
E-Mail Address : _____ Cell Number : _____
Mailing Address : _____
Co-Owner Name : Home Number : _____
E-Mail Address : _____ Cell Number : _____
Mailing Address : _____

EMERGENCY CONTACT DETAILS

Contact Name : Home Number : _____
Relationship : _____ Cell Number : _____
Contact Name : Home Number : _____
Relationship : _____ Cell Number : _____
Veterinarian : Phone Number : _____
Address : _____
Pet Insurance : Yes No Policy Number : _____
If yes, Pet Insurance Provider : _____

OFFICE USE ONLY

Arrival Date : _____ Arrival Time : _____ AM/PM
Departure Date : _____ Departure Time : _____ AM/PM
#Pets Staying : _____ Total Days Boarding : _____
Out of Country : Yes No Cell Service Available : Yes No
Authorized Person to Pick-up & Drop off Dog :
Alternative Pick-up & Drop off Person :

Dog Boarding Registration Form



DOG INFORMATION

Dog's Name : Microchip # : _____
Date of Birth : _____ Age : _____ Weight : _____
Breed : _____ Color : _____ Markings : _____
Gender : Female Male Spayed/Neutered : Yes No

MEDICAL INFORMATION

Vaccinations : DHLPP _____ Last administered Rabies _____ Last administered Bordetella _____ Last administered
Flea & Tick : _____ Last administered Heartworm Prevention : _____ Last administered
Known Health Conditions : _____
Allergies : _____
Current on Medications : Yes- *Please complete Medication Administration Form No

BEHAVIOR & TRAINING

Potty Trained : Yes No Usual Potty Times : _____
Commands : Sit Stay Come Heel Name Recognition Down
Other Commonly Used Training Commands Used : _____
Has Your Dog Exhibited Any of The Following Traits :
 Food Aggression Possessive with toys, etc. Aggressive Chewing
 People Aggression Leash Pulling Separation Anxiety
 Dog Aggression Digging Fence Jumping
Is Your Dog Sensitive To Loud Noises (i.e. fireworks, thunderstorms, etc.) : Yes No

Dog Boarding Registration Form



FEEDING INFORMATION

Does Your Dog Have Any Food Sensitivities : Yes No

If Yes, Please List : _____

Does Your Dog Eat : Dry Food _____ Brand Wet Food _____ Brand

Quantity : Morning _____

Afternoon _____

Evening _____

Treats : Brand _____ Quantity & Frequency _____

PERSONAL ITEMS

The Following Items Are Being Left With My Dog :

Dry Dog Food _____

Blanket _____

Wet Dog Food _____

Pet Bed _____

Dog Treats _____

Bowl _____

Toy(s) _____

Other _____

Medication(s) _____

Other _____

ADDITIONAL INFORMATION

If there is any additional information you feel would be important for us to know, please include it below :

Medication Administration Form



MEDICATION LIST



Medication : _____

Condition : _____

Dosage : _____ Frequency : _____

Times Given : _____ AM/PM _____ AM/PM _____ AM/PM _____ AM/PM

Notes : _____



Medication : _____

Condition : _____

Dosage : _____

Times Given : _____ AM/PM _____ AM/PM _____ AM/PM _____ AM/PM

Notes : _____



Medication : _____

Condition : _____

Dosage : _____

Times Given : _____ AM/PM _____ AM/PM _____ AM/PM _____ AM/PM

Notes : _____



Medication : _____

Condition : _____

Dosage : _____

Times Given : _____ AM/PM _____ AM/PM _____ AM/PM _____ AM/PM

Notes : _____

Chasin' Tails

Loving care when you are not there...



Registration Form

Contact and Client Profile

Please print clearly using blue or black ink. Fill in all applicable fields to your best knowledge

Client Contact information

Clients full name

Address

Mobile number

Email address

Work Number

Emergency Contact Information

Emergency contact name

Address

Relationship to owner

Mobile number

Work Number

Email address

Vet information

Vet name

Vet address

Phone number

Opening hours

Email address

Pet Information

Pets name		Dogs age/Date of Birth	
Animal		Sex	M <input type="radio"/> F <input type="radio"/>
Neutered/Spayed	N/A <input type="radio"/> Y <input type="radio"/> N <input type="radio"/>	Fully vaccinated	Y <input type="radio"/> N <input type="radio"/>
Up to Date with flea and tick treatments		N/A <input type="radio"/> Y <input type="radio"/> N <input type="radio"/>	
Is your Pet insured?		Y <input type="radio"/> N <input type="radio"/>	
Tag on collar	N/A <input type="radio"/> Y <input type="radio"/> N <input type="radio"/>	Crate used	Y <input type="radio"/> N <input type="radio"/>
Micro chipped	Y <input type="radio"/> N <input type="radio"/>	Insurer	
Treats allowed	N/A <input type="radio"/> Y <input type="radio"/> N <input type="radio"/>		
Allergies/intolarances	Y <input type="radio"/> N <input type="radio"/>	More information:	
<hr/>			
Medical conditions	Y <input type="radio"/> N <input type="radio"/>	More information:	
<hr/>			
Is medication required?	Y <input type="radio"/> N <input type="radio"/>	If yes please fill out medication form	
<hr/>			
Please tell us about your pets temperament			
<hr/>			
<hr/>			
Distinguishing features:			
<hr/>			
How does your pet react to being in a car?			
<hr/>			
<hr/>			
Any limited or impaired sensory functions?			
<hr/>			
Feeding times:		Quantity:	
<hr/>			
<hr/>			
<hr/>			
Is your dog allowed off lead?	Y <input type="radio"/> N <input type="radio"/> N/A <input type="radio"/>	If so please sign off lead waiver *	

Pet Information continued...

Has your pet ever shown signs of aggression towards a person or another animal? Y N

Please explain below:

Any behavioural concerns (guarding things, noise phobias, etc)

: skip if not relevant

Does your dog require a muzzle?

N/A Y N

Does your dog have good recall?

Y N

If yes, please give details:

How does your dog respond to the following

Cats

Dogs

Birds

Squirrels

Please indicate where the following are kept

Towel

Lead/collar

Toys

Treats

Brushes

Cleaning supplies

My pet loves:

My pet hates:

