

Wallace Falls Farm

contact us: 360-643-7882

Boarding Waiver and Consent Form

This agreement shall apply to all boarding and daycare visits by your animal at Wallace Falls Farm.

Please initial next to every point to indicate that you have read and understand

I represent that I am the legal owner or authorized by the owner of the pet described on the application. _____

I understand that as a requirement, when visiting Wallace Falls Farm, my dog(s) must wear a identification collar. _____

I represent that my dog(s) is in good health, is currently on all required vaccination for Canine Distemper, Rabies, and Bordetella (Kennel Cough). Is free of fleas, ticks and lice and has not been ill within the last 30 days. _____

I understand that while my dog(s) is fully vaccinated, that vaccines are not guaranteed and there is a small risk that my dog(s) may contact a contagious disease or illness. I agree that should this occur, I am responsible for my own pet's care, medical attention and costs. _____

I release Wallace Falls Farm, its staff, owners and any representatives from any and all liability which I or my dog(s) may suffer including but not limited to injury, sickness, damage, or death resulting from participation in daycare and boarding. _____

I understand that although all dogs are fully supervised, incidents of injuries may occur from playing with other dogs, which includes but not limited to bites, scrapes, scratches and sprains. _____

I represent that my dog(s) is social and has not harmed or shown threatening behaviors towards any person or other dog. I understand the Wallace Falls Farm reserves the right to remove my dog from the play area and place my dog(s) in a separate holding area should my dog(s) display and unwanted behaviors. _____

I allow Wallace Falls Farm's staff to contact my veterinarian should any injuries or illness require medical attention. I agree that I am solely responsible for any medical expenses acquired for my dog(s). _____

In the event that I or my authorized contact cannot pick up my dog(s) at the agreed pick-up time, I authorize Wallace Falls Farm to provide additional overnight and daycare services at my expense. _____

I understand that boarding is on a 24 hour system, and if I pick up my dog(s) after 24 hours on the pick-up date that I will incur a daycare charge. (e.g. drop-off at 8:00 am and pick up at 8:00 am) _____

During holidays and holiday weekends (New Years, Easter, Memorial Day, 4th of July, Labor Day, Thanksgiving, Christmas) we will require a 2-day deposit to hold your dog's suite. You have 7 days before your drop-off date to cancel and get a full refund on your deposit. There is also a 2-day minimum stay during these holidays. _____

(Please lift up to continue and sign)

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With my signature below, I certify that I have read and understand the agreement and waivers. I agree to abide by the regulations and accept all terms and conditions as set out.

Signature: _____ Print Name: _____

Date: _____ Dog(s) Name(s): _____

Does Wallace Falls Farm have your permission to post photos that we take of your pet(s) to our website, social media pages or any promotional material? Yes _____ No _____

MEDICAL RELEASE FORM

This is a required form for all **Wallace Falls Farm** participants receiving services.

First and foremost, the safety and well-being of your pet(s) is of the highest importance. Insuring that your pet remains safe and well cared for is our first responsibility and as such we take it very seriously. We do our best to have our pet parents screen for pre-existing health conditions but some factors may be beyond our control. In the event that a medical emergency arises while a pet is at our facility or participating in a service that we provide it is imperative that we are immediately able to get them medical treatment at the closest available facility. We will call ahead to the veterinary offices in closest proximity geographically to us to insure they can handle the emergency present. Your pet will be rushed to the closest available facility for treatment and you will be notified. We notify the owner after we have secured a medical treatment center for the animal to avoid delays that may be caused by emotion on the part of the owner. Our goal is to get your pet medical attention as quickly as humanly possible, and any distractions may interfere with that process. For that reason, it is a requirement to have our pet parents sign this form.

I understand that in the event of a medical emergency that **Wallace Falls Farm**, at its sole discretion, deems to need the immediate attention of a licensed veterinarian, I authorize **Wallace Falls Farm** to seek medical attention at the closest available veterinary facility. I further agree that I am financially responsible for any medical treatment my pet(s) receives as a result of a medical emergency while attending services provided by **Wallace Falls Farm**.

Signature: _____ Date: _____

Printed Name: _____