

Pluto's Place Doggy Daycare & Boarding

Rands Rd, Ajax, Ontario

Boarding Waiver and Consent Form

This agreement shall apply to all boarding visits by your dog to Pluto's Place.

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

I represent that I am the legal owner or authorised by the owner of the dog(s) described on the application. _____

I understand that as a requirement, when visiting Pluto's Place, my dog(s) must wear a collar with identification tags. _____

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 Pluto's Place, 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) are social and has not harmed or shown threatening behaviours towards any person or other dog. I understand that Pluto's Place reserves the right to remove my dog from the play area and place my dog(s) in a separate holding area (crate you've provided or a quiet, gated off area of the home) should my dog(s) display and unwanted behaviours. _____

I allow Pluto's Place 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 authorised contact cannot pick up my dog(s) at the agreed pick-up time, I authorise Pluto's Place 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 regular rate daycare charge per additional hour. (e.g. drop-off at 8:00 am and pick up next day at 8:00 am) _____

I have read and agree to adhere to the prices and terms of service outlined by Pluto's Place. This includes the payment terms, payment methods accepted, and cancellation policies. I understand that Pluto's Place may, from time to time, offer a special price or reward incentive, which may differ from the standard price list _____

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): _____

MEDICAL RELEASE FORM

This is a required form for all Pluto's Place participants receiving services.

First and foremost, the safety and well-being of your pet(s) is of the highest importance to us. 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 centre 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 Pluto's Place, at its sole discretion, deems to need the immediate attention of a licensed veterinarian, I authorise Pluto's Place 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 Pluto's Place.

Signature of Owner: _____

Date: _____

Printed Name: _____