

HOUSE OF DOG



HOUSE OF DOG RETREAT & SPA, LLC GROOMING RAINBOW PROTOCOL AND AGREEMENT

Owner's Name: _____

Owner's Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Pets Name: _____ DOB: _____ SEX: _____

Breed: _____ Overall Health: POOR / GOOD / EXCELLENT

House of Dog Retreat & Spa LLC's policy is to have on file a **Rainbow Protocol** for senior dogs (10 years or older) or dogs with a medical/physical condition(s) that could be life threatening. This is a precautionary measure to assist us in following your wishes in the unlikely event your pet passes away while in our care. Any dog over the age of 10 or has a medical/physical life-threatening condition cannot board with House of Dog Retreat & Spa LLC unless there is a completed/signed House of Dog Retreat & Spa LLC Rainbow Protocol on file.

Please check of your wishes below:

I want my emergency contact _____, phone # _____ to be called and to pick up my pet if they pass before I return.

Yes

No

(My emergency contact will assume the responsibility to pick up your pet and follow thru on your arrangements. If your emergency contact is unreachable, you understand that House of Dog Retreat & Spa LLC will transport your pet to _____ Hospital on your behalf and the expenses will added to your bill.)

I authorize House of Dog Retreat & Spa LLC to transport my pet to - _____ Hospital for cremation and wish to have my dog's ashes returned to me.

Yes

No

I authorize House of Dog Retreat & Spa LLC to transport my pet to _____ for cremation and do NOT wish to have my ashes returned

Yes

No

LIABILITY RELEASE

1. I hereby declare to House of Dog Retreat & Spa, LLC that I am the legal owner of the above referenced dog.
2. I hereby release, indemnify and hold House of Dog Retreat & Spa, LLC harmless from any and all manner of damages, claims, losses, liabilities, costs or expenses, causes of action or suits, whatsoever in law or equity (including, without limitation, attorney fees and related costs) arising out of or related to the services provided by House of Dog Retreat & Spa, LLC.
3. I expressly waive and relinquish any and all claims against House of Dog Retreat & Spa, LLC, its employees and representatives if my dog passes while in their care.
4. I have disclosed to House of Dog Retreat & Spa, LLC all known illnesses and dangers associated with my dog.
5. If any medical problems develop while my dog is in the care of House of Dog Retreat & Spa, I authorize House of Dog Retreat & Spa, LLC to do whatever is necessary for the safety, health, and well-being of my pet. Further I assume full financial responsibility for all expenses incurred.
6. I declare that my pet has not been exposed to any infectious illness within the last (30) thirty days.
7. I certify that my pet has been properly inoculated for the vaccinations as required by House of Dog Retreat & Spa, LLC, to include Rabies, Distemper, Parvovirus, Leptospirosis and Bordetella as well as a negative fecal exam within the last year.
8. I hereby declare that my pet is currently and properly licensed.
9. I (the owner) certify the information I have provided to be true and accurate; and I (the owner) have read this agreement in its entirety.

By signing below, you understand House of Dog Retreat & Spa's Rainbow Protocol and Agreement. You give House of Dog Retreat & Spa permission to follow your directions as stated above. In addition, you attest that you have read and understand the Liability Release Statements and both are in agreement and will comply with them:

Print Name

Signature

Date

Witness Name

Witness Signature

Date