

## Daycare Waiver and Consent Form

This agreement shall apply to all daycare visits by your dog to Kiss my Muttt Doggy DayCare (KMMDD) 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 dog(s) described on the application. \_\_\_\_\_

I understand that as a requirement, when visiting KMMDD, my dog(s) must wear a safety collar (no quick release & free of anything that can be eaten (ie) airtags). \_\_\_\_\_

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 KMMDD, 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 agree that should this occur, I am responsible for my own pet's care, medical attention and costs. \_\_\_\_\_

I represent that my dog(s) is social and has not harmed or shown threatening behaviours towards any person or other dog. I understand the KMMDD 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 behaviours. \_\_\_\_\_

I allow KMMDD'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 KMMDD to provide daycare services at my expense. \_\_\_\_\_

I understand dogs destroy things quickly and despite all efforts chewed toys can be missed even while supervised. I understand that should my dog ingest a dog if they destroy it, or from a dog who has prior to it being discovered, that I do not hold KMMDD responsible. I agree that should this occur, I am responsible for my own pet's care, medical attention and costs. \_\_\_\_\_

I understand that if I book a daycare day and do not call to cancel the day prior, I will be responsible for the full day cost of said day . \_\_\_\_\_

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 Kiss My Mutt Grooming and Doggy DayCare 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 Kiss my Mutt Doggy DayCare, at its sole discretion, deems to need the immediate attention of a licensed veterinarian, I authorize Kiss Mutt Doggy DayCare 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 Kiss my Mutt Doggy DayCare.

Signature of Owner: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_