

## CLIENT INFORMATION & WAIVER PUPPY SOCIALIZATION ADVENTURE WALKS

Name:			
Address:			
City:		_ Province/State:	
Postal/Zip Code:		_	
Home #:	Cell #:	Work #:	
Email:			
Dog Information:			
Name:		Breed:	Age:
Birth Date:	Instag	ram Username:	
Veterinarian:		Phone Number:	
Vaccinations: DAPP	Rabies_	Bordetella:	
Emergency Contact:			
Name:		_ Phone Number:	
Any Health Issues:			
What have you worked	on with your pup	opy so far:	
Has there been any neg Y N	ative experienc	es you know that happ	ened with your puppy?
If yes, please explain:			

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## Waiver Agreement

l		_ here by give permission to	Holly & Friends Dog Adventures	
please print nar to take my puppy on a priv harm caused by my puppy	ate puppy socialization a		that I am solely responsible for any	y
there åre certain risks invo	lved when working with	, , , , ,	Friends Dog Adventures. I realize to buse and the outside environment. I harm befall my puppy.	
While my puppy is in the ca	are and custody of Holly	& Friends Dog Adventures, i	f I am unreachable in the event of a	an
emergency, I hereby autho	rize Holly & Friends Doç	g Adventures, its contractors,	and/or staff, to seek immediate	
veterinary care for my pup	by. I understand that all	costs in connection with, vete	erinary, medical or other treatment,	
shall be my responsibility.				
I release and agree to save	and hold harmless, Ho	olly & Friends Dog Adventures	s, it's directors, officers, shareholde	rs,
employees, assistants, me	mbers and agents from	any and all liability, claims, su	uits, actions, loss, injury or damage	of
any nature or kind, or for a	ny liability, claims, suits,	actions, loss, injury or damag	ge which I or my puppy may sustai	n
or which may be caused in	any way by my puppy.	I specifically, without limitation	n, agree to fully indemnify Holly &	
Friends Dog Adventures fo	r any and all such liabili	ty, claims, suits, actions, losse	es, injury or damage.	
I certify that I have read an	d understand the rules a	and regulations set forth here	in and that I have read and	
understand this agreement	. I agree to abide by the	rules and regulations and ac	ccept all the terms, conditions and	
statements of this agreeme	ent and confirm the truth	fulness of the contents of the	Client Information form completed	by
me.			·	-
Signature	Date			