

DAYCARE WAIVER AND CONSENT
BUDDY AND FRIENDS DOG DAYCARE, LLC

Owner Name(s): _____

Owner Address: _____

Dog Name: _____ Dog Age: _____

Dog Breed/Description: _____

Dog Name: _____ Dog Age: _____

Dog Breed/Description: _____

Dog Name: _____ Dog Age: _____

Dog Breed/Description: _____

Must be local:

Emergency Contact Name: _____

Phone Number: _____

This Daycare Waiver and Consent (“Waiver”) is given by Owner this ____ day of _____, 20__ to Buddy and Friends Dog Daycare, LLC (“Daycare”) for the dog(s) listed above.

This Waiver shall be in effect unless otherwise revoked in writing by the Owner. A current Waiver must be on file in order for dog(s) to attend daycare or any other programs offered by the Daycare.

Owner represents the following (please initial by each statement):

_____ I represent that I am the legal owner or authorized by the owner of the dog(s) noted above to enroll the dog(s) in the Daycare’s program.

_____ I understand that when participating in Daycare, my dog(s) must wear a quick-release collar at all times.

_____ 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/are 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 Daycare, its staff, owners, agents, and representatives, as well as any other dog owners, from any and all liability related to injury, sickness, damage, or death resulting from participation in daycare or other Daycare programs.

_____ I understand that although all dogs are supervised, incidents of injuries may occur from playing with other dogs, which may include but is not limited to bites, scrapes, scratches, and sprains. I waive any claims against Daycare, any of its staff, owners, agents, or representatives, or owners of other daycare participants for any claims relating to any injuries incurred by my dog(s) while participating in the daycare program.

_____ I represent that my dog(s) is/are appropriately socialized with both people and other dogs, and has not harmed or shown threatening behaviors towards any person or other dog. I understand the Daycare reserves the right to remove my dog(s) from the play area and place my dog(s) in a separate holding area should my dog(s) display any unwanted behaviors. I further understand that I may be asked to pick my dog(s) up early from daycare in the event that my dog(s) exhibits any of these behaviors and that I will not receive a refund for the day.

_____ I hereby authorize Daycare'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 incurred for my dog(s).

_____ In the event that I fail to arrive by the time Daycare closes to pick up my dog(s), Daycare is authorized to contact my Emergency Contact to pick up my dog(s). I understand that my emergency contact must show identification to pick up my dog(s) and that I may be charged additional fees for failing to arrive prior to closing/pick-up time.

MEDICAL RELEASE

In the event that a medical emergency arises while my dog(s) is in the care of the Daycare, Daycare will seek emergency medical treatment for the dog(s) at the nearest possible vet facility. Daycare will notify Owner of any emergency illness or injury as soon as possible.

I understand that in the event of a medical emergency that Daycare, in its sole discretion, deems it appropriate to seek immediate attention of a licensed veterinarian, I will be financially responsible for any medical treatment my dog(s) receives as a result of the emergency. I further authorize Daycare to transport my dog(s) to an emergency veterinary clinic, and to seek and authorize any emergency medical treatment deemed necessary by a treating veterinarian prior to my arrival at the emergency treatment location.

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.

Owner Signature: _____ Date: _____