

Pet Care Agreement

1. _____ I understand that Doggie Paddles LLC has relied upon my representation that my dog is in good health and has not injured or shown aggression or threatening behavior to any person or dog in admitting my dog for services at their facility.
2. _____ I understand that there are risk and benefits associated with group socialization of dogs. I agree that the benefits outweigh the risks and that I accept the risk. I desire a socialized environment for my dog while attending services provided by Doggie Paddles LLC and while in their care. I understand that while the socialization and play is closely and carefully monitored by Doggie Paddles LLC staff to prevent injury, it is still possible that given the unpredictable nature of dogs, an interaction could occur between animals which may result in injury to my dog, to other dogs, or to other people. **I alone assume financial responsibility for any such injuries, which may also include Vet Bills, Surgeries, Stiches, Etc. for my own dog.**
3. _____ As to Doggie Paddles LLC and its employees, I hereby waive and release any actions, causes of actions, damages, rights, claims or lawsuits which I may have for (a) any and all personal injury or property damage which may be sustained arising out of any interaction between dogs participating in services at our facility; and (b) any and all injury, illness or disease sustained by my dog arising out of, or stemming from, its participation in services at Doggie Paddles, LLC.
4. _____ I understand that any problems with my dog, behavioral, medical or otherwise will be treated as deemed best by staff of Doggie Paddles LLC in their sole discretion, and in what they view as the best interest of the animal. **I understand that I assume full financial responsibility and all liability for any and all expenses involved in regards to the behavior and health of my dog.**
5. _____ I hereby certify that my dog has been fully vaccinated for rabies, bordatella, distemper, and parvo. I understand that my dog may be exposed to these and other infectious diseases during participation in services at Doggie Paddles LLC, and **I alone assume the responsibility of such exposure.**
6. _____ I understand that Kennel Cough is an airborne respiratory virus, similar to a common cold that can be passed from exposure with other Dogs that may already have the virus and may be unknown to Doggie Paddles LLC within their care. If my dog shows coughing symptoms once returned back to me, I alone assume financial responsibility to have my dog examined from my vet and any additional medications administered from my vet. I ALSO agree to notify Doggie Paddles LLC if my dog does contract Kennel Cough so they can be aware that there is a potential outbreak at their facility and can notify all remaining dog owners that there is a current outbreak potential and let the owners have the knowledge to whether or not they would like to come pick up their pets to minimize exposure risk.
7. _____ I hereby agree to allow Doggie Paddles LLC to take photographs or use images of my pet in print form or otherwise for publication and/or promotion.
8. _____ I understand that if my dog is not picked up on time or by a date specified in a separate agreement I hereby authorize Doggie Paddles LLC to take whatever action is deemed necessary for the continuing care of my dog. I will pay Doggie Paddles LLC the cost of any such continuing care upon demand by Doggie Paddles LLC. I understand that if I do not pick up my animal, Doggie Paddles LLC will proceed according to the guidelines provided by the KY Abandoned Animal Statue. **I also acknowledge that I will be fully responsible for all attorneys' fees and associated costs if I abandon my dog.**
9. _____ **I have read and understand this release form and will honor and abide by the terms and conditions set forth above.**

Dog's Name(s): _____ Date: _____

Owner Signature: _____ Phone: _____

Owner Printed Name : _____ Alternate Phone : _____

Medical Release Form

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. 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 in emergency treatment.

For non-emergencies, we will do our best to contact you first and apprise you of the situation, however if we are unable to reach you, or if the animal is thought to be in an unnecessary amount of pain, we will make the determination as we see fit to seek veterinary assistance. If the dog's normal veterinarian is within 5 miles of the facility we will do our best to utilize this facility. If it is further than 5 miles, we will use a vet that we have a professional relationship with.

In the unfortunate event that a dog should actually decease while in our care for any reason (old age, unknown medical issue, etc.) I understand that Doggie Paddles LLC will not be financially responsible for any reason and will do their best to contact me and my emergency contacts on file. Doggie Paddles LLC will hold the dog for a period of 24 hours or less only. If owner or designated person for owner cannot pick up the dog within that timeframe, I understand Doggie Paddles LLC will take my dog to the owner's local vet.

I understand that while under the care of Doggie Paddles LLC, I give sole discretion to deem the necessity of veterinary care for my pet(s). I authorize Doggie Paddles LLC to seek medical attention for my pet, and further agree that I am financially responsible for any medical treatment my pet(s) receives as a result of medical intervention while attending services provided by Doggie Paddles LLC and those expenses will be added to my final bill upon checkout of services.

Signature of Owner _____ Date _____

Printed Name of Owner _____

Name of dog(s) _____

Personal Veterinarian Clinic _____

Phone Number for Clinic _____