



Tails Dog Daycare Waiver

Owner: _____ Name of Dog (s): _____

Address: _____

Best Way to Contact in Emergency: _____

I, _____, warrant that by signing this waiver I have read and agree to and understand all of its terms.

I understand there are risks inherent in having my dog in dog daycare and in having my dog taken out for short on-leash walks by Tails Pet Supplies & Services (TPSS). I also understand the special risks of having my dog in a daycare facility, as well as the risks of having my dog interacting with other dogs.

I understand and agree that TPSS is not responsible for any injury or damage from any cause whatsoever caused to or by my dog while he/she is under TPSS's care; provided that TPSS has taken reasonable precautions to prevent such injury or damage, and I agree to indemnify TPSS, its owners, employees and servants from any loss, injury or damage they may suffer as a result of my dog or any damage to me or my family as result thereof.

I warrant that my dog is suitable to be supervised by TPSS and is not aggressive towards people or animals. My dog is obedient and capable of following instructions. I will immediately advise TPSS of any problems with my dog that could affect his/her behaviour, health or suitability for Tails Dog Daycare.

I will be responsible for the actions of my dog if he/she causes any damage whatsoever, including but not limited to damage or injury to other dogs, people or objects while under the supervision of TPSS.

I authorize TPSS to take my dog to the nearest veterinarian considered to be the most suitable by TPSS, it's owners, employees or servants who is/are caring for my dog, should TPSS deem it necessary. I agree to pay all vet care expenses required or advised, in the opinion of the vet, to the amount of **\$500 or \$** _____. If the care will exceed that amount I know that TPSS will attempt to contact me at the telephone numbers I have given in this waiver form. If they cannot reach me, TPSS is authorized to use their best judgment in deciding whether to proceed with any form of treatment recommended by the vet, whether the cost of such treatment exceeds \$500 or otherwise, and I agree to pay for all such care.

I understand that having my dog in the company and environment of other dogs may involve risks regarding the contraction of illness or parasites. I understand that even proper, regular vaccinations and flea/tick applications cannot completely guard dogs against illness, disease and parasites, and that TPSS cannot in any way prevent, nor are they responsible for, any illness or parasite that my dog might contract.

Although TPSS carefully screens all applicants, dog daycare is not always an appropriate environment for every dog. I understand that TPSS reserves the right to permanently remove my dog(s) from daycare at any time.

Agreed to and accepted this _____ **day of** _____, **20**____.

Owner's Signature

Witness's Signature