



APPLICATION FORM AND RELEASE

owner(s) _____

address _____

phone(s) cel _____

home _____

other _____

email _____

emergency contact
(other than owner) _____

name + phone _____

dog's name _____

breed _____

colour _____

male/female _____

spayed/neutered _____

age/birthday _____

veterinary clinic _____

Does your dog have any medical conditions that we should be aware of? _____
(if yes, please provide details) _____

Does your dog have any behavioural issues that we should be aware of? _____
(if yes, please provide details) _____

The staff at The Doghouse like to provide DARFORD DOG BISCUITS as a snack or a reward for good behavior. Do you consent to your dog being given these biscuits?

(if no, would you like to provide your own biscuits?) _____

How did you hear about The Doghouse? _____
thank you!

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS. READ CAREFULLY BEFORE SIGNING IT.

I hereby certify that I am the owner or the agent for the owner of the aforementioned dog and that I am authorized to place my dog in daycare at The Doghouse.

The Doghouse requires that all vaccinations (distemper combination, rabies and bordetella) be up to date. I hereby confirm that my dog's vaccinations are presently up to date. I acknowledge that I am responsible to ensure that my dog's vaccinations remain up to date and I understand that attendance at The Doghouse may be denied if vaccinations have expired.

The Doghouse takes reasonable precautions to avoid parasites from being spread within the daycare, however, we highly recommend every dog be on a regular preventative treatment program. The Doghouse Canine Club Ltd. shall not be liable in the event that my dog contacts such condition.

I hereby assume all risks inherent in dog daycare activities including but not limited to: walking, running, jumping, playing with other dogs and playing with toys. I hereby release The Doghouse Canine Club Ltd. (its officers, directors, employees and agents) from any liability or claim due to injury of my dog.

If emergency medical treatment is needed I authorize The Doghouse to secure veterinary care. I acknowledge that I am responsible to pay all veterinary and other costs relating to the care of my dog. I hereby acknowledge and assume all responsibility for my dog and his/her actions while attending The Doghouse. I hereby release The Doghouse Canine Club Ltd. (its officers, directors, employees and agents) from any liability or claim due to illness, injury, disease or any medical condition whatsoever with regard to my dog, regardless of how they are caused.

I acknowledge that photos and videos may be taken of my dog while at The Doghouse and I hereby authorize that they be posted and used on The Doghouse website or related internet or advertising applications. I hereby waive any copyright or other rights to these photos and videos in perpetuity.

I agree to have my dog picked up by 6:30pm. Late pick-up fees will apply as follows: each 15 minutes (or portion of) at \$10/per to a maximum of \$100 for an overnight fee.

I hereby agree that this contract shall be effective as of the date signed below and shall remain in full force and effect for all future daycare visits at The Doghouse.

SIGNATURE

PRINT NAME

DATE