

Alternative Dog Daycare & Learning Center
57 Bear Hill RD
Merrimac, MA 01860
978-346-7266 / Toll Free 877-DOG-PAWZ
www.alternativedog.com

_____ I understand and agree that I am responsible for any harm caused by my dog while my dog is attending Alternative Dog Daycare & Learning Center. I shall indemnify Alternative Dog Daycare against any claims made against or losses or damages of any kind suffered by Alternative Dog Daycare as a result of my failure to inform Alternative Dog Daycare of any pre-existing condition the dog may have (such as illness or aggression problems.) I understand and agree that in admitting my dog to Alternative Dog Daycare the facility has relied on my representation that my dog is in good health and has not harmed or shown aggressive or threatening behavior towards any person or any other dog.

_____ I understand and agree that Alternative Dog Daycare will not be liable for problems, damage, or injury caused by my dog provided reasonable care and precautions are followed by daycare staff. I understand that Alternative Dog Daycare is fully insured. I release Alternative Dog Daycare of any liability arising from my dog's attendance and participation at the daycare. I understand that the daycare is a place where animals co-mingle in groups. I understand my animal may be placed in a crate for "time outs" or if injured. I understand that when dogs play in group's nicks and scratches may occur. Daycare staff may or may not notify me immediately. If the injury is not serious, staff may feel it is ok to leave the dog till the end of the day and inform me at pick up time. If the injury is or appears serious I will be notified immediately.

_____ I understand and agree that any problem or injury that develops with my dog will be treated as deemed best by Alternative Dog Daycare. Alternative Dog Daycare will contact their veterinarian or the veterinarian contact provided by the owner, in the event of a medical problem that appears serious in nature.

_____ I understand and agree that should I or my pre-approved agent fail to contact Alternative Dog Daycare within 24 hours of the arranged pick up time, my pet will be considered to be abandoned and necessary steps will be taken to turn the dog over to the proper authorities. Any expenses incurred for the transport, overnight care, and/or placement of said pet shall be paid by me in addition to any other fees incurred for services provided by, at, or through Alternative Dog Daycare.

_____ I recognize that there are inherent risks of illness or injury when dealing with animals. Such risks include, but are not limited to, problems resulting from rough play, food scraps, kennel cough (doggie colds) and parasites.

_____ I, as the owner, agree to be solely responsible for any and all acts or behavior of my pet while in the care of Alternative Dog Daycare. If my pet should become ill or seem to be in need of medical consideration, Alternative Dog Daycare reserves the right to administer aid and/or to use any available veterinarian. I, the owner, shall pay any expenses so incurred.

_____ I agree that my pet(s) may be videotaped, photographed, and/or recorded. Alternative Dog Daycare shall retain the rights to use such in any internet, printed or audio matters, and retain the right to use such an unlimited number of times.

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____ I agree to pay a \$10.00 late fee for each dog picked up after Daycare closing hours. Dogs not picked up by 6 p.m. will be subject to an additional boarding charge and will be released the next business day, unless arrangements with Alternative Dog Daycare are made to the contrary.

I have initialed each statement above to acknowledge my understanding and acceptance:

Owner's Signature: _____ **Date:** _____ **09**

****** VETERINARY INSTRUCTIONS AND RELEASE FORM ******

Pet's Name:
Breed/Description:
Age:
Known Medical condition's/medication(s):

If the pet named above becomes ill or is injured, I request that Bonnie Buckley, DBA - Alternative Dog Daycare & Learning Center, or any of her employee's, agents or assistants take my pet to the below Veterinary Clinic for treatments.

Veterinary Office Name:
Address:
Phone Number:

I give permission to the above named parties to approve treatment up to the costs of \$ _____.

I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount.

If the veterinary office named above is not available, I authorize Bonnie Buckley, or any of her employee's, agents or assistants to take my pet to another veterinary office for treatment.

I understand that Bonnie Buckley or any of her employee's, agents or assistants cannot be held responsible for the results of the veterinary treatment or the loss of my pet.

This agreement is valid starting on the date below and for any/all dates that Bonnie Buckley, DBA - Alternative Dog Daycare cares for my pet(s):

Owner's Signature: _____ **Date:** _____ **09**

Owner Name: (Print): _____