



# TRAINING AREA RENTAL REGISTRATION FORM

DATE \_\_\_\_\_

### OWNER INFORMATION

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

CELLPHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

WOULD YOU LIKE TO RECEIVE OUR MONTHLY NEWSLETTER? \_\_\_\_\_

YES / NO

EMERGENCY CONTACT \_\_\_\_\_

PHONE \_\_\_\_\_

### PET INFORMATION

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

BREED \_\_\_\_\_

GENDER \_\_\_\_\_

MALE / FEMALE \_\_\_\_\_

NEUTERED / SPAYED \_\_\_\_\_

YES / NO

COLOR \_\_\_\_\_

DATE OF LAST VACCINATION \_\_\_\_\_

FLEA & TICK CONTROL PRODUCT \_\_\_\_\_

DATE OF LAST APPLICATION \_\_\_\_\_

OTHER PETS? \_\_\_\_\_

DOGS \_\_\_\_\_

CATS \_\_\_\_\_

OTHERS? \_\_\_\_\_

SURGERIES (PLEASE INDICATE DATES) \_\_\_\_\_

PRIMARY VETERINARIAN / VETERINARY CLINIC \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

CURRENT MEDICATIONS \_\_\_\_\_

I, THE UNDERSIGNED, IN CONSIDERATION OF THE ENROLLMENT FOR TRAINING AREA RENTAL SERVICES BY SECTOR WOOF CANINE FITNESS AND WELLNESS DO HEREBY AGREE THAT I RELEASE AND WAIVE ANY LEGAL RIGHT THAT I MAY HAVE WITHIN THE LAW TO RECOVER MEDICAL PAYMENTS, PROPERTY DAMAGE OR BODILY INJURY DAMAGES FOR ANY LIABILITY REGARDLESS OF COST, PROVIDED THAT THE LIABILITY IS DUE TO ORDINARY NEGLIGENCE AS A RESULT OF ANY INJURY I MAY SUSTAIN FROM ANY DOG, INCLUDING MY OWN DOG, WITHIN THE TRAINING AREA RENTAL SERVICES AT SECTOR WOOF CANINE FITNESS AND WELLNESS FACILITY. I HAVE READ THIS PAPER AND AM FULLY AWARE THAT THIS CONTRACT CONSTITUTES A WAIVER AND RELEASE OF ANY INJURY TO ME, MY DOG OR OTHER PROPERTY. I HEREBY CERTIFY THAT AT THE TIME OF THIS SIGNING, I AM OF SOUND MIND AND BODY.

### GENERAL RULES

- IF YOUR DOG IS COUGHING, SNEEZING, LETHARGIC, DIARRHEA, VOMITING, OR ANYTHING UNUSUAL, PLEASE LEAVE HIM/HER AT HOME UNTIL THEY FEEL BETTER. PLEASE CALL AND INFORM US OF ANY ILLNESSES, AS WE NEED TO ENSURE THE HEALTH OF ALL OUR MEMBERS.
- WE RECOMMEND THAT DOGS BE SPAYED OR NEUTERED BY 1 YEAR OF AGE. IF YOU PLAN ON KEEPING YOUR DOG INTACT FOR A SPECIFIC REASON, IT WILL BE PLACED ON A "ONE STRIKE" RULE. THIS MEANS IF WE SEE ANY AGGRESSIVE/DOMINATE TENDENCIES, YOUR DOG WILL BE ASKED TO LEAVE. THIS IS DONE FOR THEIR SAFETY AND THE SAFETY OF OTHER DOGS AND STAFF. REMEMBER – NO FEMALES IN HEAT ARE ALLOWED! DOGS MUST BE HOUSE TRAINED (UNLESS THEY ARE YOUNG PUPPIES). DOGS THAT EXCESSIVELY OR CONSISTENTLY URINATE/MARK INDOORS WILL BE EXPELLED FROM THE FACILITY.

Sector Woof Canine Fitness & Wellness  
695 Bishop St. N., Cambridge, ON N3H 2K8

[www.sectorwoof.ca](http://www.sectorwoof.ca) | (519) 830 3101 | (519) 653 9003 | [info@sectorwoof.ca](mailto:info@sectorwoof.ca)

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- 🐾 IF YOUR DOG HAS BEEN IN ANY TYPE OF KENNEL/BOARDING FACILITY YOU MUST WAIT 10 FULL DAYS BEFORE RETURNING TO SECTOR WOOF PERFORMANCE CENTER. THIS IS TO PREVENT THE RISK OF ILLNESS BEING BROUGHT INTO OUR FACILITY. MOST TRANSMISSIBLE ILLNESSES HAVE AN INCUBATION PERIOD OF 7-10 DAYS.
- 🐾 DOGS MUST HAVE BASIC MANNERS AS WELL AS THE HANDLER. THIS MEANS THAT WE EXPECT DOGS TO MIND THE HUMANS THAT ARE TAKING CARE OF THEM. DOGS THAT BARK EXCESSIVELY, HUMP OR BULLY OTHER DOGS, OR DOGS THAT ARE DESTRUCTIVE, GENERALLY OBNOXIOUS OR LISTEN POORLY WILL BE PUT "ON NOTICE". OFTEN THESE ARE BEHAVIORS THAT OUR IN-HOUSE OBEDIENCE TRAINER CAN "FIX". A MEETING WILL BE SCHEDULED WITH THE TRAINER AND OWNER AND DOG AND SOLUTIONS TO REMEDY UNWANTED BEHAVIORS WILL BE DISCUSSED AND AN ACTION PLAN WILL BE AGREED UPON BEFORE THE RE-ADMITTANCE OF THE DOG INTO DAYCARE. NO REFUNDS
- 🐾 DOGS ARE REQUIRED TO BE UP TO DATE ON A FLEA PREVENTION PROGRAM AND AN INTERNAL PARASITE PREVENTION PROGRAM. PLEASE APPLY ANY TYPE OF FLEA/TICK PREVENTATIVE PRESCRIBED BY YOUR VET 24 HOURS BEFORE ENTERING TO SECTOR WOOF PERFORMANCE CENTER . IF YOUR DOG IS FOUND WITH ANY EXTERNAL PARASITES A ANTIFLEA/TICK BATH WILL BE GIVEN AND CHARGED TO YOUR ACCOUNT ACCORDING TO THE GROOMING PRICES LISTED IN OUR WEB PAGE. AFTER THAT, YOU AS AN OWNER MUST SHOW PROVE OF THE PARASITE PROTECTION PRESCRIBED AND APPLIED BY YOUR VET.
- 🐾 ALL DOGS MUST HAVE A COMPLETE VACCINATION SCHEME INCLUDING KENNEL COUGH PLUS BE 16 WEEKS OF AGE OR OLDER.
- 🐾 EACH DOG MUST BE ACCOMPANIED BY A RESPONSIBLE ADULT HANDLER (AGE 18+).
- 🐾 RESERVATIONS CAN BE MADE TO ENSURE A SPACE FOR THE USE OF THE TRAINING AREA. CANCELLATIONS WITH LESS THAN 24 HOURS NOTICE WILL BE CHARGED FULL FEES. THERE IS NO GUARANTEE OF A SPOT IF YOU DROP IN.
- 🐾 IT IS VERY IMPORTANT TO KEEP YOUR DOG'S NAILS CUT SHORT TO ENSURE THAT THEY WILL NOT CAUSE EXCESSIVE HARM TO ANOTHER DOG OR THE STAFF. WE HAVE PROFESSIONAL GROOMERS ON STAFF. IF YOUR DOG NEEDS A NAIL TRIM, PLEASE ASK ABOUT SCHEDULING AN APPOINTMENT.
- 🐾 PLEASE NOTE: IF THE STAFF FEELS THAT YOUR DOG'S NAILS ARE LONG ENOUGH TO BE A DANGER TO THE STAFF OR ANOTHER DOG, WE WILL TRIM YOUR DOG'S NAILS. THE COST FOR THIS WILL BE \$15.
- 🐾 FOR THEIR SAFETY, CHILDREN UNDER AGE 10 WILL NOT BE ADMITTED IN THE TRAINING AREA.
- 🐾 DOGS MUST WEAR FLAT BUCKLE/SNAP COLLARS IF THEY ARE OFF-LEASH
- 🐾 DOGS MUST WEAR THE PROPER LIFE VEST DURING THE TIME OF THE THERAPY OR THE RECREATIONAL SWIMMING.
- 🐾 NO HUMAN OR DOG FOOD/TREATS IN THE TRAINING AREA, NEITHER ANY KIND OF BEVERAGES OR ANY KIND OF CONTAINER.
- 🐾 WE RESERVE THE RIGHT TO NOT TAKE THE DOG(S) WHOSE HANDLERS MAY SEEM UNDER THE INFLUENCE OF ANY TYPE OF ALCOHOLIC AND/OR STIMULANT SUBSTANCE. IF THIS BEING THE CASE, THE PERSON WILL BE EXPELLED FROM THE PREMISES.

## ADDITIONAL INFORMATION

- 🐾 FEES ARE DUE AND PAYABLE ON THE DAY WHICH THE SERVICES ARE PROVIDED BEFORE YOUR DOG LEAVES UNLESS WE ARE HOLDING A CURRENT CREDIT CARD NUMBER ON FILE.
- 🐾 PLEASE POTTY YOUR DOG BEFORE BRINGING THEM INTO THE BUILDING. DOGS GET EXCITED ON THE RIDE HERE AND USUALLY HAVE TO GO. IF, FOR ANY REASON, YOU ARE UNABLE TO BRING YOUR DOG INTO THE FACILITY DUE TO ANY PHYSICAL CONDITION OR ANY OTHER REASON, LET US KNOW AND WE CAN DO IT FOR YOU.

## TRAINING AREA RENTAL HOURS

MONDAY THRU FRIDAY: 5:00PM – 8:30PM; SAT-SUN: 9:00 AM -3:30 PM

Sector Woof Canine Fitness & Wellness  
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## RATES

\$25.00 + HST - HALF HOUR: 2 PEOPLE WITH MAXIMUM 3 DOGS.

\$40.00 + HST - ONE HOUR. 2 PEOPLE WITH MAXIMUM 3 DOGS.

\$10.00 + HST PER EXTRA DOG.

BY APPOINTMENT ONLY.

## WAIVER OF INDEMNITY

- 🐾 I UNDERSTAND THAT BY HAVING MY DOG PARTICIPATE IN DAYCARE PROGRAMS/SERVICES AT SECTOR WOOF CANINE FITNESS AND WELLNESS, THAT (S)HE WILL BE IN CLOSE PHYSICAL CONTACT WITH PEOPLE AND OTHER DOGS OF ALL VARIETIES. SHOULD MY DOG IN ANY WAY CAUSE DAMAGE OR HARM, TO ANY PERSON, ANIMAL OR PROPERTY, OR SHOULD MY DOG IN ANY WAY BECOME HARMED BY ANY PERSON, ANIMAL OR PROPERTY WHILE IN THE CARE ON OR OFF THE PROPERTIES OF SECTOR WOOF CANINE FITNESS AND WELLNESS, I AGREE TO INDEMNIFY AND HOLD HARMLESS SECTOR WOOF CANINE FITNESS AND WELLNESS, IT'S OFFICERS, EMPLOYEES AND AFFILIATIONS FROM ANY LIABILITY, COSTS, EXPENSES OR CLAIMS RESULTING FROM THIS WAIVER OF INDEMNITY.
- 🐾 I ACKNOWLEDGE THAT I VOLUNTARILY HAVE APPLIED TO PARTICIPATE AND USE WITH MY DOG(S), THE TRAINING AREA OF SECTOR WOOF.
- 🐾 I UNDERSTAND THAT THE ACT OF UNLEASHING MY DOG(S) AND BEING PHYSICALLY PRESENT INSIDE THE TRAINING AREA NECESSARILY INVOLVES RISKS OF INJURY TO ME, OTHER PEOPLE, MY DOG(S), AND OTHER DOGS.
- 🐾 I UNDERSTAND THESE RISKS ARE ENTIRELY MY RESPONSIBILITY. I EXPRESSLY ASSUME THESE RISKS. I AM AWARE OF THE RISKS AND HAZARDS INHERENT UPON ENTERING THE TRAINING AREA AND I CHOOSE TO VOLUNTARILY ENTER THE PREMISES, KNOWING THE CONDITIONS MIGHT BECOME MORE HAZARDOUS AND/OR DANGEROUS FOR MYSELF AND/OR DOG(S) AND I VOLUNTARILY ASSUME ALL SUCH RISKS, LOSS, DAMAGES, OR INJURY THAT MAY BE SUSTAINED BY ENTERING THE TRAINING AREA. BY SIGNING THIS RELEASE OF LIABILITY AND USING THE TRAINING AREA, I HEREBY FULLY AND FOREVER RELEASE, INDEMNIFY, AND DISCHARGE SECTOR WOOF AND THEIR VOLUNTEERS, STAFF, VENDORS, EMPLOYEES AND AGENTS FROM ANY CLAIMS, DEMANDS, DAMAGES, RIGHTS OF ACTION OR CAUSES OF ACTION PRESENT OR FUTURE, WHETHER THE SAME BE KNOWN OR UNKNOWN, ANTICIPATED OR UNANTICIPATED, RESULTING FROM OR ARISING OUT OF MY USE OR INTENDED USE OF THE TRAINING AREA.
- 🐾 I FULLY AND FOREVER RELEASE AND DISCHARGE SECTOR WOOF AND THEIR VOLUNTEERS, STAFF AND VENDORS, EMPLOYEES AND AGENTS FROM ANY AND ALL NEGLIGENT ACTS AND OMISSIONS IN THE SAME. I ALSO GRANT PERMISSION TO SECTOR WOOF TO USE PICTURES OR VIDEOS TAKEN OF ME, MY FAMILY, AND/OR MY DOG(S) DURING PARTICIPATION IN THIS EVENT. I UNDERSTAND THESE IMAGES MAY BE USED FOR PROMOTIONAL, NEWS, RESEARCH, AND/OR EDUCATIONAL PURPOSES, INCLUDING ON THE INTERNET. I UNDERSTAND THAT IMAGES POSTED ON THE INTERNET CAN BE DOWNLOADED BY ANY COMPUTER USER. I WAIVE MY RIGHT TO INSPECTION OR COMPENSATION.
- 🐾 I UNDERSTAND AND AGREE THAT SECTOR WOOF CANINE FITNESS AND WELLNESS, IT'S OFFICERS, EMPLOYEES AND AFFILIATIONS TAKES REASONABLE PRECAUTIONS TO AVOID THE OCCURRENCE OF INJURY/ILLNESS, TRANSMISSION OF FLEAS (OR OTHER PARASITES) AND/OR DISEASE, BUT THAT BECAUSE MY DOG IS IN CLOSE PHYSICAL CONTACT WITH OTHER DOGS OF ALL VARIETIES THAT INJURY/ILLNESS, TRANSMISSION OF FLEAS (OR OTHER PARASITES) AND/OR DISEASE COULD HAPPEN DESPITE ALL PRECAUTIONS TAKEN. I THEREFORE AGREE TO INDEMNIFY AND HOLD HARMLESS SECTOR WOOF CANINE FITNESS AND WELLNESS, IT'S OFFICERS, EMPLOYEES AND AFFILIATIONS FROM ANY LIABILITY, COSTS, EXPENSES OR CLAIMS RESULTING FROM MY DOG'S ATTENDANCE AND PARTICIPATION IN SECTOR WOOF CANINE FITNESS AND WELLNESS DAYCARE PROGRAMS/SERVICES.
- 🐾 I UNDERSTAND THAT BY ADMITTING MY DOG INTO SECTOR WOOF CANINE FITNESS AND WELLNESS DAYCARE PROGRAMS/SERVICES THAT THE OFFICERS, EMPLOYEES AND AFFILIATIONS OF SECTOR WOOF CANINE FITNESS AND WELLNESS HAVE RELIED ON MY REPRESENTATION OF THE



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TEMPERAMENT AND HEALTH OF MY ANIMAL. I DECLARE THAT MY DOG HAS NOT HARMED ANY PERSON OR DOG AND HAS NEVER SHOWN AGGRESSION OR THREATENING BEHAVIOR OF ANY KIND TOWARD ANY PERSON OR ANY OTHER DOG.

- 🐾 I FURTHER UNDERSTAND THAT ANY MEDICAL ISSUES THAT REQUIRE IMMEDIATE VETERINARY ATTENTION WHILE MY DOG IS IN THE CARE OF SECTOR WOOF CANINE FITNESS AND WELLNESS WILL BE TREATED AT THE SOLE DISCRETION OF THE OFFICERS OR EMPLOYEES OF SECTOR WOOF CANINE FITNESS AND WELLNESS, AND I ASSUME FULL FINANCIAL RESPONSIBILITY FOR ANY AND ALL VETERINARY EXPENSES THAT MAY OCCUR.
- 🐾 I DECLARE THAT MY DOG IS UP TO DATE (HAS RECEIVED VACCINATIONS OR TITER TEST IN THE PAST 2 YEARS) ON THE FOLLOWING VACCINATIONS: PARVOVIRUS, DISTEMPER, HEPATITIS, PARAINFLUENZA, RABIES AND BORDETELLA.
- 🐾 I GRANT PERMISSION TO SECTOR WOOF TO USE PICTURES OR VIDEOS TAKEN OF ME, MY FAMILY, AND/OR MY DOG(S) DURING PARTICIPATION IN THIS EVENT. I UNDERSTAND THESE IMAGES MAY BE USED FOR PROMOTIONAL, NEWS, RESEARCH, AND/OR EDUCATIONAL PURPOSES, INCLUDING ON THE INTERNET. I UNDERSTAND THAT IMAGES POSTED ON THE INTERNET CAN BE DOWNLOADED BY ANY COMPUTER USER. I WAIVE MY RIGHT TO INSPECTION OR COMPENSATION.
- 🐾 I HAVE READ THE RULES & REGULATIONS FOR DAYCARE AND DECLARE THAT MY DOG MEETS THE CRITERIA LISTED. I FURTHER UNDERSTAND THAT SHOULD IT BE DEEMED BY SECTOR WOOF CANINE FITNESS AND WELLNESS STAFF THAT MY DOG IS UNSUITABLE FOR DAYCARE, FOR ANY REASON, THAT MY DOG WILL BE REMOVED FROM THE COMMUNAL AREA AND CONFINED AND I WILL BE CONTACTED TO COLLECT MY DOG.
- 🐾 DO NOT SIGN IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH ITS TERMS. ANYONE ENTERING THE TRAINING AREA MUST SIGN THIS WAIVER
- 🐾 BY SIGNING THIS FORM BELOW, I DECLARE THAT I HAVE READ AND UNDERSTAND THE INFORMATION ON THIS FORM AND AGREE TO INDEMNIFY AND HOLD HARMLESS SECTOR WOOF CANINE FITNESS AND WELLNESS, IT'S OFFICERS, EMPLOYEES AND AFFILIATIONS.

ACCEPTED BY

SIGNATURE

PRINT NAME

DATE

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WITNESS

DATE

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Initials \_\_\_\_\_