



POOL RENTAL/RECREATIONAL SWIMMING

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 _____

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 IN DAYCARE! DOGS MUST BE HOUSE TRAINED (UNLESS THEY ARE YOUNG PUPPIES). DOGS THAT EXCESSIVELY OR CONSISTENTLY URINATE/MARK INDOORS WILL BE EXPELLED FROM THE FACILITY.
- 🐾 IF YOUR DOG HAS BEEN IN ANY TYPE OF KENNEL/BOARDING FACILITY YOU MUST WAIT 10 FULL DAYS BEFORE RETURNING TO DAYCARE. 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.
- 🐾 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 DAYCARE. IF YOUR DOG IS FOUND WITH ANY EXTERNAL

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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+) AND TALLER THAN 56 INCHES. HANDLERS WILL BE ALLOWED IN THE POOL ONLY TO HELP THEIR DOG IN AND OUT; NO HUMAN SWIMMING.
- 🐾 RESERVATIONS CAN BE MADE TO ENSURE A SPACE FOR RECREATIONAL OR THERAPEUTIC SWIMMING. CANCELLATIONS WITH LESS THAN 24 HOURS NOTICE WILL BE CHARGED FULL FEES. THERE IS NO GUARANTEE OF A SPOT IN DAYCARE 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 & 48 INCHES WILL NOT BE ADMITTED IN THE POOL AREA.
- 🐾 DOGS MUST WEAR FLAT BUCKLE/SNAP COLLARS IF THEY ARE OFF-LEASH (NO PRONG, CHOKE OR TRAINING COLLARS WILL BE ALLOWED EXCEPT TO WALK DOGS TO THE ENTRANCE GATE OF POOL).
- 🐾 DOGS MUST WEAR THE PROPER LIFE VEST DURING THE TIME OF THE THERAPY OR THE RECREATIONAL SWIM.
- 🐾 NO HUMAN OR DOG FOOD/TREATS IN POOL AREA, NEITHER ANY KIND OF BEVERAGES OR ANY KIND OF CONTAINER THAT COULD POSSIBLY CONTAMINATE THE POOL.
- 🐾 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 DAYCARE SERVICES ARE PROVIDED BEFORE YOUR DOG LEAVES UNLESS WE ARE HOLDING A CURRENT CREDIT CARD NUMBER ON FILE.
- 🐾 PLEASE MAKE SURE YOU UPDATE US IF YOUR CARD IS LOST/STOLEN OR THE EXPIRATION DATE CHANGES.
- 🐾 PLEASE POTTY YOUR DOG BEFORE BRINGING THEM INTO THE BUILDING AND THE POOL. 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.

MEDICAL RELEASE

DURING OUR ABSENCE, SECTOR WOOF CANINE FITNESS AND WELLNESS WILL BE CARING FOR OUR PET(S). IN THE EVENT OF A MEDICAL EMERGENCY, I/WE GIVE THEM PERMISSION TO SEEK ANY/ALL MEDICAL ATTENTION NECESSARY. IN EXTREME CASES, PLEASE USE YOUR BEST PROFESSIONAL JUDGEMENT IN RENDERING YOUR DECISION. I/WE WOULD LIKE THE FOLLOWING TAKEN INTO CONSIDERATION:

QUALITY OF LIFE

DO NOT RESUSCITATE*

I WILL BE RESPONSIBLE FOR ALL EXPENSES INCURRED FOR BOTH THE TREATMENT OF OUR PET(S) AND THE TIME SPENT BY ANY OWNER OR STAFF MEMBER OF SECTOR WOOF CANINE FITNESS AND WELLNESS.

A COPY OF THIS CONTRACT WILL BE GIVEN TO YOUR VET, TO BE KEPT IN THEIR FILE. *IF THE “DO NOT RESUSCITATE” OPTION IS CHOSEN, PRIOR ARRANGEMENTS/CONDITIONS MUST BE MADE WITH YOUR VET.



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Page 3 of 4

IN THE EVENT OF AN EMERGENCY, EVERY ATTEMPT WILL BE MADE TO CONTACT YOU. I/WE HAVE READ AND UNDERSTAND THE ABOVE MEDICAL RELEASE FORM. BY SIGNING THIS AGREEMENT, I/WE WAIVE ANY CLAIM AGAINST SECTOR WOOF CANINE FITNESS AND WELLNESS AND/OR ITS EMPLOYEES

HOURS

MONDAY THRU FRIDAY: 7:00AM – 9:00PM; SAT: 9:00 AM -3:30 PM

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 POOL OF SECTOR WOOF.
- 🐾 I UNDERSTAND THAT THE ACT OF UNLEASHING MY DOG(S) AND BEING PHYSICALLY PRESENT INSIDE THE POOL 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 POOL 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 POOL. BY SIGNING THIS RELEASE OF LIABILITY AND USING THE POOL, 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 POOL.
- 🐾 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)

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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 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 BEHAVIOUR 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 POOL 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 I AGREE TO INDEMNIFY AND HOLD HARMLESS SECTOR WOOF CANINE FITNESS AND WELLNESS, IT'S OFFICERS, EMPLOYEES AND AFFILIATIONS.

ACCEPTED BY

SIGNATURE

PRINT NAME

DATE

WITNESS

DATE
