



## Owner Agreement and Release Form

Name of Dog(s) \_\_\_\_\_

(Please initial each)

\_\_\_\_ 1. Payments are due at the end of each stay for attendance at Sleepy Creek Pet Lodge, LLC (herein after referred to as SCPL). No shows or cancellations will be charged a first day fee unless cancelled 24 hours in advance (excluding holidays where the full amount of the scheduled overnight stay will be charged.)

\_\_\_\_ 2. Payments may be made by cash, Visa, Mastercard, Discover, debit card or personal check. (Any personal check that is deemed invalid by the bank will acquire the bank charges as well as a \$25.00 NSF charge) Any packages or payments paid in advance are non-refundable. Packages/punch cards/gift certificates will expire 6 months from the date of issue. Current credit card number and expiration date must be on file at all times and the signature on this agreement authorizes use of the card for payment.

\_\_\_\_ 3. I understand that I am solely responsible for any harm or damages caused by my pet(s) while attending SCPL. I further agree to indemnify SCPL, its owner, staff and volunteers for any loss, liability, damage, or costs they may incur due to any harm caused by my pet(s).

\_\_\_\_ 4. I agree and understand that any problems that develop with my pet(s) will be treated as deemed best by SCPL, in their sole discretion, and that I assume full responsibility for any and all expenses involved.

\_\_\_\_ 5. I agree and understand to indemnify SCPL, its staff and volunteers for any loss, liability, damage, or cost they may incur due to my dog(s) participation and attendance in daycare.

\_\_\_\_ 6. I agree and understand that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the law of the State of Wisconsin, and if any portion thereof is held invalid, it is agreed and understood that the balance shall continue in full legal force and effect. Should a court determine that any provision waiving liability is deemed unenforceable, SCPL liability shall be limited to the funds paid to it by me for taking care of my pet(s).

\_\_\_\_ 7. I agree and understand that by admitting my pet(s), SCPL has relied on my representation that my pet(s) is/are in good health and have not harmed or shown aggression or threatening behavior toward any person or any other dog.

\_\_\_\_ 8. As the safety and health of all pets in our care is our main concern, SCPL reserves the right to refuse admittance to any pet that does not meet the temperament and health requirements.

\_\_\_\_ 9. (Day Care only) I understand that, despite SCPL's best efforts to ensure the safety of every dog and human, there are certain risks involved with having dogs play together in daycare. These risks include but are not limited to scratches, cuts, tooth marks, bruising, pulled muscles, broken toe nails, sore or injured paw pads. I will be responsible for my dog's veterinary bills and any other costs incurred due to injury or illness. I agree that SCPL will in no event be responsible for any injury to my dog.

\_\_\_\_ 10. I authorize SCPL to contact the veterinarian indicated on the information form in the event of an emergency to provide appropriate medical treatment to my pet(s) if I am unable to be contacted. I understand that the cost of any such treatment will be my responsibility. I authorize veterinary expenses not to exceed the amount of \$\_\_\_\_\_

\_\_\_\_ 11. If my pet has a medical need, SCPL will try and make contact with my listed veterinarian on my pet's form. However, because of many emergency situations being outside of business hours or the veterinarians' capabilities, the Animal Referral Center in Appleton, WI is SCPL's recommended facility for emergency situations.

\_\_\_\_ 12. I understand that my pet(s) may be photographed or video recorded while on SCPL's premise. I agree to the use of such photos or videos in all forms of media for educational and promotional materials for SCPL.

**I certify that I have read and understand the policies and accept all terms, conditions and statements of this agreement.**

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Exp. Date

\_\_\_\_\_  
3 Digit Security Code

Card type:    VISA

Discover

Master Card