



KATIE'S CANINE KLUBHOUSE

Owners Name: _____

Email Address _____

Address _____ City _____ Zip code _____

Home _____ Cell _____ Work _____

Emergency contact _____ Phone _____

Email address _____

Dog Name _____ Breed _____ D.O.B or Age _____

Sex (circle one) Male/Female Neutered /Spayed

Dog Name _____ Breed _____ D.O.B or Age _____

Sex (circle one) Male/Female Neutered/ Spayed

Veterinarian _____ Phone # _____

Which of our service/s bring you in today? Daycare Grooming Training
Boarding

Please list comments, concerns, questions or any other important information about your dog/s

Has your dog ever shown aggression (lunging, growling, snapping, baring teeth) and/or biting a dog or person?

Where did you hear about KCK? _____

If you were refereed, who can we thank? _____

1 of 2

By submitting this release form I, _____, agree that as consideration for use and enjoyment of the classes/daycare/grooming/boarding and facilities I hereby release Katie's canine Klubhouse, LLC the employees and class instructors including those owning or working for the facility where services are rendered, For any claim of damage or liability including attorney's fees, medical payments, or bodily injury damages.

I also agree that I am assuming the risk of participating in training class or other events where there are other dogs with temperaments that are unknown to me, that I assume full responsibility for any injury that might occur to me, my dog/s or other property or any damage that would be ordinarily due me that I waive any right that I may have to institute any suit or other proceedings to recover therefore.

I further agree that there will be no refunds for daycare or training packages, missed classes or the discontinuation of classes. If there is any unusual circumstance, the instructor may take the exception at his/her discretion and assign a student to another class that will be convenient for both parties. If for any reason the instructor cannot complete the class, a refund on a prorated or a substitute instructor will be offered.

____ (initial) When my dog/s board or participate in dog daycare I am assuming the risk that my dog may be injured or become ill. If I am not present and I or my emergency contact person cannot be reached, an owner or supervisor from Katie's Canine Klubhouse, LLC has my permission to act and make decisions on my behalf concerning the health and well-being of my dog. I agree that any costs incurred for medical treatment will not be the responsibility of Katie's Canine Klubhouse, LLC. the owners or any of the employees. This may include emergency surgery or other emergency lifesaving efforts.

In the event that my dog would need emergency medical treatment and I or my emergency contact cannot be reached, I wish to limit lifesaving or critical care efforts to \$_____ and know that any bills up to this dollar amount incurred are my responsibility.

____(initial) I do not wish to limit the dollar amount for emergency medical treatment including lifesaving or critical care efforts for my dog/s and know that any bills incurred are my responsibility.

____NO, I do NOT wish to have CPR efforts made by medical care professionals if my dog/s is in a critical care situation.

____YES, I do wish to have CPR efforts made by medical care professionals if my dog/s is in a critical care situation.

Print Owners Name _____

Sign _____ Date _____