



CLIENT RELEASE AGREEMENT

14318 Lemoli Ave • Hawthorne • CA • 90250 • 310-796-6193 • HeartandSoulK9.com

I understand that, despite Heart and Soul K9's efforts to maintain the safety of every dog and human at Heart and Soul K9's facilities, there are certain risks involved in doggie day care. These risks include but are not limited to my dog getting injured during an altercation with another dog and my dog contracting fleas, kennel cough or some other communicable illness. I voluntarily accept these risks, and release Heart and Soul K9 and its employees, independent contractors, owners and assigns from any and all claims arising out of injury or damage in any way related to or resulting from my association with Heart and Soul K9, including but not limited to claims of injuries to my dog, myself or anyone I send to pick up or drop off my dog, or to any property that belongs to me. I understand and agree that dogs are unpredictable animals, and that if my dog becomes injured while at Heart and Soul K9 I will be responsible for my dog's veterinary bills and any other costs incurred due to the injury. I agree that Heart and Soul K9 may use my credit card number, provided in my Heart and Soul K9 Application ("Card"), to pay for any such veterinary costs. I understand and agree that this release applies to future unknown or unsuspected claims, and hereby waive Section 1542 of the California Civil Code and any similar law. Section 1542 reads as follows:

"A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR."

I further understand that, though Heart and Soul K9 will attempt in an emergency to contact my dog's personal veterinarian as well as myself, such an emergency might not provide the time to do so prior to the administration of care. I therefore hereby allow Heart and Soul K9 to attain medical attention for my dog from any qualified veterinarian and to transport my dog to and from that veterinarian when Heart and Soul K9 deems such medical care important for my dog's health. I grant Heart and Soul K9 or its employees or agents full power of decision involving the medical treatment of my dog, and authorize the use of my credit card, below, for such purpose. This release applies to any claims for injuries or damages related to such medical care or transport.

I understand and agree that if my dog damages property belonging to Heart and Soul K9 that I shall be responsible for paying for that damage, and that Heart and Soul K9 may use my Card to pay for that damage. I further understand and agree that if my dog attacks and injures another dog (an altercation between dogs is one-sided and my dog is at fault), I will be responsible for paying for any damage caused to that dog, and that Heart and Soul K9 may use my Card to pay for that damage.

I represent that my dog is currently in good health and has not had any communicable illness of any kind for one week prior to attending Heart and Soul K9. I further represent that each time I bring my dog to Heart and Soul K9, I am re-certifying that my dog is in good health and has not had any communicable illness of any kind for one week prior to such attendance.

I represent that my dog is currently protected by a flea care preventative and that my dog will be protected by this preventative throughout each and every day my dog attends Heart and Soul K9, each time I bring my dog to Heart and Soul K9.

I represent that my dog does not have a history of aggressive behavior towards other dogs or humans.

I warrant that I am at least eighteen (18) years of age and that I have the full, complete and unrestricted right and authority to enter into this release.

Print Name of Owner and Dog: _____

Owner Signature: _____

Date: _____