

LIABILITY WAIVER AGREEMENT

1. I, (CUSTOMER) represent that I am the legal owner or agent for the owner of the dog described in the correlating Pet Sitting Service Contract.
2. I release FROLICKING FIDO, its staff, owners, representatives, and agents from any and all liability which I or my dog may suffer including but not limited to injury, sickness, damage or death resulting from participation in daycare, overnight boarding, or outdoor trail walks.
3. I represent that my dog is in good health, is current on all required vaccinations (DHLPP, Rabies Bordatella), is free of fleas, ticks, and lice, and as not been ill with any known contagious viruses in the last 30 days.
4. I understand that while my dog is fully vaccinated that vaccines are not guaranteed and there is a small risk that my dog may contract a contagious disease or illness. I agree that should this occur I am responsible for my own pet's care and medical attention.
5. I agree to allow 12 days waiting period after my dog as had their vaccinations to allow the vaccines to reach full protection potential and to ensure my dog has not has any negative reaction to the vaccines. Should I allow my dog to stay at FROLICKING FIDO less than 12 days after vaccination I understand that my dog could be at risk of contracting a contagious virus/ disease.
6. I understand that although all dogs are fully supervised that incidents of injuries may occur from playing with the other dogs, which include but not limited to bites, scrapes, scratches, and sprains.
7. I represent that my dog is sociable and has not harmed or shown threatening behaviors towards any person or any other dog. I understand FROLICKING FIDO reserves the right to remove my dog from the play area and place my dog in a separate holding area should my dog display any unwanted behaviors.

8. I understand that FROLICKING FIDO reserves the right to permanently remove a dog from its daycare or boarding facilities at any time.

9. I allow FROLICKING FIDO's staff to contact my veterinarian or any other accessible vet clinic as deemed necessary should any injuries require medical attention. I agree that I am solely responsible for any medical expenses acquired for my dog.

10. I agree to disclose any previous or current medical issues or concerns of my dog so that FROLICKING FIDO's staff can make a determination of suitability for daycare or offsite boarding.

11. I release FROLICKING FIDO from any liability should my dog injure another dog or person and accept medical and legal responsibility for my dog's actions. I further agree to accept full responsibility for any related costs arising from an incident involving my dog, including the cost to repair or replace property damaged or destroyed by my dog, damage and/or injuries caused to any other dog or person while my dog is in the care of FROLICKING FIDO. I agree that, should a dispute arise from any action involving my dog, FROLICKING FIDO reserves the right to release my name, address, phone number, or other pertinent information to those involved, to include, but not limited to, legal entities, animal control and/or law enforcement.

12. I release FROLICKING FIDO from any liability should death of my dog occur for any reason while in daycare or boarding.

Client:

Print Name _____

Signature: _____