



Pathways to Independence: Karma's Kennel  
7020 D Huntley Rd  
Worthington, OH 43085

PATHWAYS TO INDEPENDENCE OF CENTRAL OHIO: KARMA'S KENNEL  
CLIENT WAIVER AND AGREEMENT

OWNER FULL NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DOG'S NAME: \_\_\_\_\_ BREED: \_\_\_\_\_

1. I HEREBY REPRESENT THAT I AM THE LEGAL OWNER OF THE DOG(S) DESCRIBED ABOVE TO USE THE SERVICES PROVIDED BY PATHWAYS TO INDEPENDENCE OF CENTRAL OHIO.

2. I HEREBY WAIVE AND RELEASE PATHWAYS TO INDEPENDENCE OF CENTRAL OHIO, IT'S EMPLOYEES, DIRECTORS, OWNERS AND AGENTS FROM ANY AND ALL LIABILITY WHICH MY DOG(S) MAY SUFFER, INCLUDING SPECIFICALLY, BUT NOT WITHOUT LIMITATION, ANY INJURY OR DAMAGE WHATSOEVER ARISING FROM THE DOG(S) ATTENDANCE AND PARTICIPATION OF SERVICES PROVIDED BY PATHWAYS TO INDEPENDENCE OF CENTRAL OHIO.

3. I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS PATHWAYS TO INDEPENDENCE OF CENTRAL OHIO; IT'S EMPLOYEES, DIRECTORS, OWNERS AND AGENTS FROM ANY AND ALL CLAIMS BY ANY MEMBER OF MY FAMILY OR ANY OTHER PERSON ACCOMPANYING ME TO A FUNCTION OF PATHWAYS TO INDEPENDENCE OF CENTRAL OHIO, OR WHILE ATTENDING THE PREMISES THEREOF, AS A RESULT OF ANY ACTION BY ANY DOG.

4. I HEREBY REPRESENT THAT MY DOG(S) IS OF GOOD HEALTH AND HAS NOT BEEN ILL WITH ANY KNOWN CONTAGIOUS DISEASES WITHIN THE PAST 30 DAYS.

5. I RECOGNIZE THAT THE HEALTH OF THE DOG(S) IS THE OWNER'S RESPONSIBILITY. I HEREBY REPRESENT THAT ALL REQUIRED VACCINATIONS (RABIES, BORDETELLA, DISTEMPER AND PARVOVIRUS) ARE UP TO DATE. I WILL ALSO CONTINUE TO ENSURE THAT THE REQUIRED VACCINATIONS WILL BE KEPT UP TO DATE FOR AS LONG AS MY DOG(S) ATTENDS PATHWAYS TO INDEPENDENCE OF CENTRAL OHIO. IN ADDITION, I HEREBY REPRESENT THAT MY DOGS HAVE FLEA/TICK PREVENTATIVE TREATMENTS APPLIED REGULARLY.

6. I FURTHER UNDERSTAND AND AGREE THAT IN ADMITTING MY DOG(S), PATHWAYS TO INDEPENDENCE OF CENTRAL OHIO HAS RELIED ON MY REPRESENTATION THAT MY DOG(S) IS IN GOOD HEALTH AND HAS NOT HARMED, SHOWN AGGRESSION OR THREATENING BEHAVIOR TOWARDS ANY OTHER PERSON OR ANY OTHER DOG.

7. I FURTHER UNDERSTAND AND AGREE THAT PATHWAYS TO INDEPENDENCE OF CENTRAL OHIO AND THEIR CAREGIVERS WILL NOT BE HELD LIABLE FOR ANY PROBLEMS THAT MIGHT DEVELOP WITH MY DOG(S) INCLUDING, BUT NOT LIMITED TO SICKNESS, DISEASE, INJURY, RUNNING AWAY AND DEATH, PROVIDED THAT REASONABLE CARE AND PRECAUTIONS ARE FOLLOWED.

8. I UNDERSTAND AND AGREE THAT ANY PROBLEM THAT DEVELOPS WITH MY DOG(S) WILL BE TREATED AS DEEMED BEST BY THE CARE-GIVERS OF PATHWAYS TO INDEPENDENCE OF CENTRAL OHIO AT THEIR SOLE DISCRETION AND THAT I ASSUME FULL FINANCIAL RESPONSIBILITY FOR ANY AND ALL EXPENSES INCURRED.

9. PATHWAYS TO INDEPENDENCE OF CENTRAL OHIO FEES AND PACKAGES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.



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10. I AGREE THAT MY DOG(S) MAY BE VIDEOTAPED, PHOTOGRAPHED AND OR RECORDED. PATHWAYS TO INDEPENDENCE OF CENTRAL OHIO SHALL BE THE EXCLUSIVE OWNER TO THE RESULTS AND ALL PROCEEDS OF SUCH MEDIA.

11. PATHWAYS TO INDEPENDENCE OF CENTRAL OHIO RESERVES THE RIGHT TO PERMANENTLY REMOVE A DOG FROM CARE AT ANY TIME TO ENSURE THE SAFETY OF OTHER DOGS AS WELL AS STAFF.

12. I UNDERSTAND THAT THE RULES ABOVE APPLY TO ANY DOG(S) OF MINE ATTENDING DAYCARE, BOARDING AND ALL SPECIAL EVENTS.

#### PERMISSION TO TREAT

I AUTHORIZE PATHWAYS TO INDEPENDENCE OF CENTRAL OHIO TO MAKE DECISIONS ABOUT MY DOGS HEALTH.

I, GIVE PERMISSION FOR PATHWAYS TO INDEPENDENCE OF CENTRAL OHIO TO CARE FOR MY PET IN MY ABSENCE. HE/ SHE HAS MY PERMISSION TO TRANSPORT THEM TO AND FROM YOUR CLINIC OR REQUEST "ON SITE" TREATMENT FROM YOUR OFFICE AS IS DEEMED NECESSARY. I AUTHORIZE PATHWAYS TO INDEPENDENCE OF CENTRAL OHIO TO TREAT AND/ OR MAKE ANY DECISIONS IN REGARDS TO MY PET IN A MATTER THAT IS BEST SUITED TO MY PET'S CONDITION AND I STATE THAT WE (THE PET OWNERS) WILL BE FULLY RESPONSIBLE FOR ALL FEES AND CHARGES AND WILL PAY FOR ALL CHARGES INCURRED ON MY PET'S BEHALF UPON THE DAY OF SERVICE. I FURTHER AUTHORIZE YOU TO GIVE OUT ANY INFORMATION ABOUT MY PET TO PATHWAYS TO INDEPENDENCE OF CENTRAL OHIO.

I, \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ CERTIFY THAT I AM EIGHTEEN YEARS OF AGE OR OLDER AND HAVE THE LEGAL CAPACITY TO ENTER INTO A BINDING CONTRACT. FURTHER, I CERTIFY THAT I HAVE READ AND UNDERSTAND THE RULES AND REGULATIONS SET FORTH IN THIS AGREEMENT. I AGREE TO ABIDE BY THE RULES AND REGULATIONS AND ACCEPT ALL THE TERMS, CONDITIONS AND STATEMENTS OF THIS AGREEMENT.