The RUFF House

Contract

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I understand that my dog(s) will have close and intimate contact with other dogs during daycare. I understand that The RUFF House Staff will not knowingly admit into the play area dogs that are obviously aggressive. If, however, a dog acts out of character or unpredictably and my dog is injured, I agree not to hold The RUFF House, its agents or staff, liable in any way for these unforeseen acts. If injury occurs, The RUFF House staff will attempt to contact me. If they are unable to contact me for whatever reason, I authorize medical or surgical treatment if needed to provide for the safety and comfort of my dog and agree to pay for any such fees which may result.

I certify that I am the pet owner and that I am authorized to board the pet and sign this form. I authorize The RUFF House to contact my veterinarian in order to confirm health, temperament and vaccinations. I give consent to The RUFF House to act on my behalf by obtaining veterinary care at my expense, should The RUFF House deem it necessary. I have read the schedule of fees and agree to pay all charges at checkout. I authorize The RUFF House to charge my credit card account for any outstanding invoices. I release The RUFF House and its agents and employees for any liability or claim due to injury or death of my dog. I understand that under no circumstances will The RUFF House be liable for damages.

As owner of the animal receiving services provided by The RUFF House, I agree to pay the fees of service on the date of or prior to, the dog's check-in into the facility. As owner, I agree that the said pet will be picked up by me, or an approved person, by the close of business. If the pet is picked up after the stated time of close of business, I the owner agree to pay any additional charges set forth by the business.

It is understood by The RUFF House and owner that all provisions of this Contract shall be binding upon parties' thereunto for this visit and all subsequent visits.

ret Owner:		
Signed	Date	
Print Name		_
Pet's Name:		