



Boarding Agreement Waiver

1. I represent that I am the legal Owner or Guardian of the dog described in the correlating application form.

Initial _____

2. I represent that my dog is in good health, is current on all required vaccinations (Rabies, Distemper and Bordatella), is spayed/neutered as of 6 months of age, is current on flea/tick preventative medication, and has not been ill with any known contagious viruses within the last 30 days.

Initial _____

3. I agree to allow a minimum 48 hour waiting period after my dog has received any vaccinations in order to allow the vaccine(s) to reach full protection potential as well as to ensure my dog has not had a negative reaction to the vaccine(s).

Initial _____

4. I understand that while my dog is fully vaccinated, that vaccines are not 100% 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 as well as costs.

Initial _____

5. I understand that although dogs are fully supervised, incidents of injury may occur from playing with other dogs or walking local trails, which include but is not limited to bites, scrapes, scratches, and sprains.

Initial _____

6. I represent that my dog is sociable and has not harmed or shown threatening behaviours towards any person or any other dog. I understand that The Crate Escape reserves the right to remove my dog from group walks and/or play time in daycare should my dog display any unwanted behaviours.

Initial _____

7. I understand that The Crate Escape reserves the right to permanently remove a dog from its daycare, grooming, or boarding facilities at any time.

Initial _____

8. I allow The Crate Escape to contact my veterinarian or any other accessible vet clinic as deemed necessary should any injuries/illnesses require medical attention. I agree that I am responsible for any medical bill acquired for my own pet.

Initial_____

9. I release The Crate Escape from any liability should my dog injure itself, another dog or a person and accept medical and legal responsibility of my pets' actions.

Initial_____

10. In the event of an emergency, The Crate Escape will try to contact the Owner, an emergency contact, and/or a personal veterinarian as provided by the Owner/Guardian, however, the Owner understands and agrees that there may not be time to do so before the administration of care. Therefor, in the event of an emergency, the Owner/Guardian grants The Crate Escape full authority to make decisions involving medical treatment of the pet(s) and authorizes The Crate Escape to take the pet(s) to a veterinarian at the Owner's expense.

Yes___ up to an amount of _____

No___

Initial_____

11. I agree to pay for The Crate Escape's services when the pet(s) is/are picked up and that the pet(s) will not leave The Crate Escape until all charges are paid.

Initial_____

12. I agree that if my dog is left at The Crate Escape 7 days past my pick-up date without an Owner/Guardian/Emergency contact person contacting staff stating otherwise, my dog will be deemed abandoned and a bi-law officer/third party rescue/shelter will be contacted.

Initial_____

With my signature I certify that I have read and understand the agreement and waivers. I agree to abide by the regulations and accept all the terms and conditions as set out.

Date_____ Signature_____

Print Name_____

Date_____ Witness/Received by_____

Print name_____