

DOGGIE ADVENTURE
Legal and Medical Release Form

Our top priority at Doggie Adventure is the comfort and safety of your dog(s). Please read this form carefully, as you will be asked to sign it when you bring your dog(s) to Doggie Adventure.

I understand that dogs at play or on walks/hikes/swims can incur sore muscles, cuts and bruises, sprains, tendon, joint, ligament or bone injuries, cut pads or paws, fatigue and so forth. I understand that in case of medical or surgical emergency, every effort will be made to reach me or any person that I have designated as "next of kin." I further understand that dogs may transmit illnesses to other dogs and/or humans, & I release Doggie Adventure from any and all liability to the extent allowed by law associated with the transmission of illnesses or from any other harm to humans or dogs, including but not limited to dog bites and dog fights.

I give my permission for any staff member at Doggie Adventure to take my dog(s) to the nearest animal hospital or emergency room for any reason that they deem appropriate. I further agree to allow the attending veterinarian(s) to provide any and all necessary medical and/or surgical veterinary care as the veterinarian sees fit. I understand that I will be responsible for all medical/surgical costs associated with the veterinary treatment of my dog(s).

I give consent for the staff members of Doggie Adventure to transport my dog(s) for purposes of pick-up or delivery, walks, hikes, swims, veterinary services and any other necessary location. I hereby release Doggie Adventure and all of its staff members, other dog owners and owners of all swim facilities from any and all liabilities to the extent allowed by law for injuries, illnesses, loss or death of my dog(s) that may occur from any services offered, whether on the Doggie Adventure property, on walks, at swim locations, or en route to or from walks, swims, pick-up or delivery, veterinary services or any other necessary location.

I understand that payment for services is due at the time they are rendered. I understand that any unpaid fees will be sent to collections, and that I am responsible for all collections and legal fees incurred for this reason.

I acknowledge that my dog is in good health & has been free of all communicable diseases for the last 30 days.

I agree to allow Doggie Adventure to use photographs of my dog(s) for their website and any other promotional purpose, without consideration.

I acknowledge that I have read this agreement in its entirety, as well as the requirements specified by Doggie Adventure, and that I understand and agree with all of the stated requirements. I agree to all of the terms and conditions listed, and I release the owner, all staff members and all swimming pool owners affiliated with Doggie Adventure of all liability, regardless of the cause. If there are any exceptions, they are noted herein.

EXCEPTIONS: (please write "none" if there are no exceptions/restrictions)

Client Name: _____

Client Signature: _____

Date: _____

Emergency Contact(s): ("next of kin")

Name: _____

Name: _____

Phone Numbers:

Phone Numbers:

Home: _____

Home: _____

Cell: _____

Cell: _____

Work: _____

Work: _____