



Owner Information

Name:	Home #:
Address:	Cell #:
City:	Emergency#:
State/zip:	Email:

Emergency Contacts & Authorized to Pick up my Dog

Name:	Phone #
Name:	Phone #
Name:	Phone #

Dog Information

Dog 1

Name:	M / F	Spayed/Neutered:
Breed:		Birth Date:
Color:		Flea/tick treatment:

Dog 2

Name:	M / F	Spayed/Neutered:
Breed:		Birth Date:
Color:		Flea/tick treatment:

Vet Information

Facility name:	Phone #
Address:	
City/State/Zip:	

Does your dog have any allergies, medical issues, or physical limitations that we should be aware of?

How did you hear about our facility? _____

RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION RISK AGREEMENT

Owner acknowledges that at the date this agreement is signed, the fees, hours and requirements for use of The Dog house services are outlined below and on any attachments hereto. Owner understands that The Dog House management reserves the right to alter or amend the fees, hours and requirements at any time.

- 1. Use of The Dog house services are to be provided only to the dogs listed above. New dogs may be added to this contract and utilize daycare services on passing their enrollment/temperament test.**
- 2. All dogs must have a complete, up-to-date and approved application form on file.**
- 3. Owner(s) further agree(s):**
 - a. That the Owner(s) is/are solely responsible for any harm caused by my dog (s) while my dog(s) is/are attending to being transported to, or from, The Dog House dog center.**
 - b. That in admitting my dog(s) to the center, The Dog House has relied on my representation that my dog(s) is/are in good health, do(es) not currently have and has not had within the last ten (10) days any communicable diseases, and has/have not harmed or shown aggressive or threatening behavior towards any person or any other dog.**
 - c. That any problem that develops with my dog(s) will be treated as deemed best by owners, employees and agents of The Dog House in their sole discretion, and that I assume full financial responsibility for any and all expenses involved.**
 - d. To provide proof of required vaccinations for each dog utilizing center annually.**
 - e. To provide proof of spay or neuter for each dog over 6 months of age for daycare and group sleepover use.**

The Dog House has created a dog center for dogs and their owners to enjoy. I understand that the use of the dog center means that I am taking certain risks of damage or injury to myself, my guest(s), my property, my dog(s) and to others in the center. I realize that when dogs are around people and other dogs, some accident or injury may result, and that people, dogs and property might be injured or damaged.

In exchange for the opportunity to use this dog center, according to the Policies, I hereby release and discharge The Dog House and its owners, members, employees, successors, assigns and all affiliated parties from any and all liability, claims, demands, causes of action, loss, damage or injury to person or property, including any death and serious injury which may result while I, my guest(s) or my dog(s) are on the premises of The Dog House, attending an event sponsored by The Dog House, or being transported by The Dog House.

I also agree to be responsible for myself, my guest(s) and my dog(s) and for any liability caused by me, my guest(s) and my dog(s), and that I will hold harmless and indemnify The Dog House and its owners, members, employees, successors, assigns and all affiliated parties from any and all liability, claims, demands, causes of action, loss, damage or injury to person or property, including any death and serious injury which may be caused by myself, my guest(s) or my dog(s) while they are on the premises of The Dog House, attending an event sponsored by The Dog House, or being transported by The Dog House.

I have read, understand, and agree to abide and be bound by the terms and conditions of this Agreement (including the Release and Waiver) in its entirety. I understand that The Dog House management reserves the right to alter or amend the dog center rules at any time without prior notice.

*The undersigned further grants full permission to The Dog House to use any photographs or videotapes while my dog is in their care for any purpose.

OWNER

Signature
Printed Name
Date:

The Dog House of Barrington

Veterinary Care Release

I understand that my dog or dogs may become ill or injured while in the care and possession of the Dog House of Barrington, LLC (hereafter known as DHOB). Furthermore, I will not hold DHOB responsible for either illness or injury to my dog while in their care and possession; or as a consequence of their care and possession. In the event that my dog becomes ill or is injured while in the care and possession of DHOB, I understand that any & all Veterinary costs are my sole responsibility.

I request DHOB to follow the procedures that I have selected as outlined below:

I choose this option if DHOB is unable to reach me.

_____ Option 1: If my dog(s) becomes ill or injured, please take my dog(s) to my Veterinarian as first choice and if my Veterinarian is not open or available to treat my dog(s); please take my dog(s) to the nearest emergency clinic.

_____ Option 2: If my dog(s) becomes ill or injured, please take my dog to the Designated DHOB Veterinary Clinic (Barrington Animal Hospital) to treat my dog(s).

Please initial if you give us permission for the following....

_____ If my dog(s) incurs a minor injury (slight cuts or abrasions), I authorize DHOB to treat my dog by cleaning the affected area and applying an antiseptic.

I have read all of the information above and selected the procedure or procedures to be followed by DHOB in the event that my dog(s) becomes ill or injured. I understand that by signing below I authorize DHOB to follow these procedures and release DHOB of any & all liability as to said illness or injury; and that I am responsible for any and all Veterinary costs incurred.

Signature

Date