



17000 SE 1st Street
Vancouver, WA 98684
360-882-K925

PET CARE AND DOG DAYCARE MEDICAL RELEASE AGREEMENT

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell #: _____ Home #: _____ Work #: _____

Dog's Name: _____ Age: _____ Breed: _____

Dog's Name: _____ Age: _____ Breed: _____

Dog's Name: _____ Age: _____ Breed: _____

- I understand that **K-9 to Five** has relied upon my representation that my dog is in good health and has not injured or shown aggression or threatening behavior to any person or dog in admitting my dog for services at their facility.
- I understand that **K-9 to Five** owners, staff, partners and volunteers will not be liable, financially or otherwise, for injuries to my dog, myself or any property of mine while my dog is participating in services provided by **K-9 to Five**. I hereby release **K-9 to Five** of any liability of any kind arising from my dogs' participation in any and all services provided by **K-9 to Five**.
- I understand and agree that any problems with my dog; behavioral, medical or otherwise, will be treated as deemed best by staff of **K-9 to Five** at their sole discretion and in what they view is in the best interest of the animal. I understand that I assume full financial responsibility and all liability for any and all expenses involved in regards to the behavior and health of my dog.
- I understand that there are risks and benefits associated with group socialization of dogs. I agree that the benefits outweigh the risks and that I accept the risk. I desire a socialized environment for my dog while attending services provided by **K-9 to Five** and while in their care. I understand that, while the socialization and play is closely and carefully monitored by **K-9 to Five** staff to prevent injury, it is still possible that during the course of normal play my dog may receive minor nicks and scratches from roughhousing with other dogs. Any injuries to my dog will be pointed out by staff upon pick-up.
- I understand by allowing my dog to participate in services offered by **K-9 to Five**, I hereby agree to allow **K-9 to Five** to take photographs or use images of my pet in print form or otherwise for publication and/or promotion.
- I understand that I am solely responsible, financially or otherwise, for any harm or damage caused by my dog while my dog is attending any services provided by **K-9 to Five**.
- I understand that if my dog is not picked up on time, I hereby authorized **K-9 to Five** to take whatever action is deemed necessary for the continuing care of my dog. I will pay **K-9 to Five** the cost of any such continuing care upon demand. I understand that if I do not pick up my animal, **K-9 to Five** will proceed according to the guidelines provided by Washington State Legislature RCW, title 16, chapter 16.54. I also acknowledge that I will be fully responsible for all attorney fees and associated costs if I abandon my dog.

DOG DAYCARE MEDICAL RELEASE FORM

This is a required form for all **K-9 to Five** participants receiving services.

First and foremost the safety and wellbeing of your pet(s) is of the highest importance. Insuring that your pet remains safe and well cared for is our first responsibility and as such we take it very seriously. We do our best to have our pet parents screen for pre-existing health conditions but some factors may be beyond our control. In the event that a medical emergency arises while a pet is at our facility or participating in a service that we provide. It is imperative that we are immediately able to get them medical treatment at the closest available facility. We will call ahead to the veterinary offices in closest proximity, geographically, to us to ensure they can handle the emergency present. Your pet will be rushed to the closest available facility for treatment and you will be notified. We notify the owner after we have secured a medical treatment center for the animal to avoid delays that may be caused by emotion on the part of the owner. Our goal is to get your pet medical attention as quickly as humanly possible, and any distractions may interfere with that process.

For that reason, it is a requirement that our pet parents sign this form.

I understand that in the event of a medical emergency, **K-9 to Five**, at its sole discretion, deems to need the immediate attention of a licensed veterinarian. I authorize **K-9 to Five** to seek medical attention at the closest available veterinary facility. I further agree that I am financially responsible for any medical treatment my pet(s) receives as a result of a medical emergency while attending services provided by **K-9 to Five**.

Signature of Owner _____ Date _____

Printed Name _____