

Woof Pet Care, Inc.
Paradise Luxury Dog Resort

AGREEMENT & RELEASE

1. I certify that my dog(s) is in good health and has not been ill within the past 30 days. I will notify Woof Pet Care, Inc. DBA Paradise Pet Estate (Paradise/Woof) if my dog becomes sick with any contagious illness.
2. I agree that I have disclosed any aggression or threatening behavior demonstrated by my dog(s). I understand that aggressive behavior may result in my dog being banned from Paradise/Woof.
3. I understand that although my dog will be carefully supervised, a cage-less environment can be risky due to the physical nature of dog play. A bite or scratch is not uncommon.
4. I understand that dogs that are new to play care and not used to a lot of physical activity, may **at first** become sore, seem lethargic when they get home or skin the pads of their feet. An older dog, puppy or any dog who has not been exposed to a large number of other dogs, is more susceptible to minor illnesses; cold or allergy-like symptoms, etc. Dogs quickly become acclimated to the routine, their bodies adjust and their immunity builds. I will report any unusual symptoms to Paradise/Woof.
5. I understand that even though my dog(s) has been given a Bordetella vaccination, canine cough and other respiratory illnesses are very common and can be contracted by other dogs easily – just like kids in daycare. Paradise/Woof takes every precaution to prevent exposure, but cannot be held liable if contracted.
6. **I understand that my dog must be current on flea and tick prevention at all times. Paradise/Woof will not be held responsible if my dog gets fleas or ticks.** Also, dogs with longer hair may become matted during playtime. Paradise/Woof will not be held responsible. A bath and de-matting will be available at the owners expense.
7. I know that Paradise/Woof staff members have been trained in animal first aid. At Paradise/Woof discretion minor injuries may be **treated on-premises** and brought to my attention. I will, in turn, notify Paradise/Woof of any injury that has not reported to me and has been discovered after I pick up my dog.
8. I understand that in case of an emergency, if my veterinarian cannot be reached, my dog will be taken to the nearest emergency veterinarian or a veterinarian chosen by Paradise/Woof. Any expenses will be paid by the owner.
9. I understand that any problem, including but not limited to serious injury, illness or death, which occurs while on Paradise/Woof premises, my dog(s) will be treated as deemed best by the staff. If I cannot be contacted, Paradise/Woof representatives can consent to life saving procedures such as undergoing anesthesia or surgery. I will assume full financial responsibility for any and all expenses involved.
10. I understand and agree that the Paradise/Woof and its staff are not liable for any problems and I release them from any liability, provided that ethical care precautions are followed. I release Paradise/Woof, its agents, officers, subcontractors, employees and customers from any and all liabilities for injuries to myself, my pet, or any other property of mine which arise in any way of services and or products provided by or as a consequence of my associations with Paradise/Woof. With my signature below I acknowledge and accept exclusive and sole responsibility for my pet, no matter the cause. I also authorize the release of said pet's medical records from my veterinarian.

Print Name _____ Dog Name(s) _____

Signature _____ Date _____

Email _____ Cell _____

Veterinarian _____

Know medical conditions or medications _____

Dogs Birthday _____