

Canine Enrollment Waiver and Release of Liability Agreement

This Agreement is entered into by and between *Roxy's Dog Ranch, LLC* (Boarding/Daycare Facility) and _____ (1st Owner) _____ (2nd Owner)
(Print First/Last Name) (Print First/Last Name)

For the named canines listed _____ (Dog #1) _____ (Dog #2)

- ❖ By enrolling the above named and listed dog(s), I represent that I am the legal owner of the listed dog(s) and I assume all risks, dangers and responsibility for injuries to the named dog(s). I understand and agree that I am solely responsible for any harm to my dog(s) while they are staying/attending for Boarding and/or Daycare. _____ *(initials)*
- ❖ I further understand and agree that my dog(s) is required to be spayed/neutered (after 1 year of age) to enroll at Daycare and stay for Boarding. _____ *(initials)*
- ❖ I understand and agree that neither Roxy's Dog Ranch nor any of its employees, staff or volunteers, will be liable for any disease, illness, injury, death, fire theft and/or escape, of said dog(s) and I hereby release all of them of any liability of any kind whatsoever arising from or as a result of attending or participating at this facility. _____ *(initials)*
- ❖ I understand and agree that during normal dog play, my dog(s) may sustain injuries and senior, debilitated and/or puppies naturally have a higher risk of injuries during these activities. All dog play is monitored by our staff to avoid injury, but scratches, punctures, lacerations, torn ligaments, and other injuries may occur despite the best supervision. _____ *(initials)*
- ❖ I understand and agree that my dog(s) are healthy and will at all times while attending Roxy's Dog Ranch have current vaccinations. I understand that even if my dog is vaccinated for Bordetella (Kennel Cough) there is a chance that my dog can still contract Kennel Cough. I agree that I will NOT hold Roxy's Dog Ranch responsible if he/she contracts Kennel Cough. _____ *(initials)*
- ❖ I understand that Roxy's Dog Ranch shall have the right to call my regular veterinarian on file, call any veterinarian of their choice, administer medicine and/or any advisable attention within their discretion and judgement. Roxy's Dog Ranch will always attempt to contact all numbers listed on file prior and/or during such situation as it arises. Any expenses shall be reimbursed by the owner(s) promptly and in full. _____ *(initials)*
- ❖ I understand and agree that Roxy's Dog Ranch reserves the right to use a bark control device, remote training collar, gentle leader, or a traditional kennel of their choice if the dog(s) creates a disturbance to the neighborhood or cannot safely adapt/integrate to the group environment Any issues that arise shall be discussed with the owner(s) via phone and/or at pick up time. _____ *(initials)*
- ❖ I agree in admitting my dog(s) are in good health and have not harmed, shown aggression or exhibited any threatening behavior towards any person or other dogs to date. Due to the nature of our facilities philosophy demonstrating aggression or other behavior deemed UNACCEPTABLE by our staff is not tolerated. We reserve the right to REFUSE admittance to ANY dog(s) that does not meet the health, temperament or other standards set by our staff. The determination shall be made at the sole discretion of Roxy's Dog Ranch owners/employees. _____ *(initials)*
- ❖ I understand and expressly agree that each and every of the foregoing provisions containing in the paragraphs above shall be in force/effect and shall apply to each and every occasion on which my dog(s) are brought to Roxy's Dog Ranch. This Agreement shall remain in full force and effect as between the parties until and unless otherwise cancelled with written documentation. _____ *(initials)*

Owner hereby certifies that Owner has read and understands this Waiver and Release of Liability and the regulations set forth above. By signing this agreement, Owner agrees to be bound by its terms and conditions.

(Signature)

(Date)

(Signature)

(Date)

Boarding/DayCare Enrollment Registration Form

Account Registration

Name of Main Account Holder: _____
 (1st Owner) (Print First/Last Name)

Name of Secondary Account Holder: _____
 (2nd Owner – If Applicable) (Print First/Last Name)

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone
 (Main Account Holder): _____ Home Phone: _____

Cell Phone
 (2nd Account Holder): _____ Work Phone: _____

Main Email: _____

Emergency Contact:
 (if you/your spouse cannot be reached) _____ Relation: _____ Phone: _____

Canine Registration

Name (Dog #1): _____

Name (Dog #2): _____

Breed: _____

Breed: _____

Color/Pattern: _____

Color/Pattern: _____

Female Male Spayed Neutered

Female Male Spayed Neutered

Weight: _____ lbs DOB/Age: _____

Weight: _____ lbs DOB/Age: _____

Microchip #: _____
 (Not Required)

Microchip #: _____
 (Not Required)

Allergies: _____

Allergies: _____

Notes: _____

Notes: _____

Veterinarian Name: _____ Phone: _____

Signature _____

Date _____