



Dog Service Agreement, Health Certification, Indemnification and Liability Waiver

I, _____, owner or legal guardian of _____
(the "dog"), represent, understand and agree to the following:

Owner Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Additional person (18 and older not traveling with you) authorized representative to pick up dog and make medical decisions: _____

Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact (18 and older not traveling with you): _____

Are they authorized to make medical decisions? _____ Pick the dog up? _____

Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Veterinary Information

Facility: _____

Veterinarian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Vaccination records must be sent 24 hours prior to a dog's admission. Records can sent via facsimile to: (412)781-1591 or scanned and emailed to: dogdaze.cafe@gmail.com or mailed or brought in person to: 12 McCandless Ave Pittsburgh, Pennsylvania 15201.

These records must include proof of:

- Yearly – Rabies, DHPP (Distemper, Hepatitis, Parainfluenza, Parvovirus) and Leptospirosis. Three year vaccines are accepted. Puppies must have their second round of age appropriate shots.
- Every six months – Bordetella (kennel cough) and negative fecal exam and Heartworm and flea and tick control
- Spayed/neutered (after age six months)

_____ **Initial here to authorize release of veterinary records to Dog Daze & Cafe (required)**

Dog Information

Name: _____

Sex: _____

Age: _____

Spayed/Neutered: Yes No

Breed(s): _____

Color(s): _____

Weight: _____

Medical Conditions: _____

Medications: _____

Allergies: _____

Behavioral Issues- Including Aggression: _____

Bite History: _____

Diet: _____

1. I am the owner or legal guardian of the dog and am fully authorized to enter into this Agreement. I will be liable for all the services, products and care that I request and those that I authorize in this Agreement and those that become medically or humanely necessary.
2. My dog is properly vaccinated (as specified above), parasite free, in good health and has/have not been ill with or exposed to another animal with any communicable condition in the last 30 days. I agree to immediately provide notice of any known exposure of my dog to a communicable disease, including but not limited to parasites, and agree to hold my dog out of attendance until my dog is symptom free for a minimum of 14 days or with written veterinary clearance. I further certify that my dog has not harmed or shown aggressive or threatening behavior towards any person or any other dog.
3. I am solely responsible for any harm caused by my dog to any property, person, or other animal while my dog is attending any service at The Big Easy Animal Hospital and Dog Daze & Café (the "Company"). I agree to indemnify, defend and hold harmless the Company and its representatives (which include its staff, owners, executives, agents and other duly appointed representatives) for any such harm caused by my dog or any claims by the Company or third parties arising out of such harm. I will be solely responsible for any costs of harms or claims, including attorney's fees and costs.
4. Every dog may be required to be evaluated by the Company prior to participation in daycare activities to assess temperament, health and interactions with other dogs and Company staff.
5. The Company has relied on my representations, particularly those regarding my dog's health and behavior. If it is discovered that I falsified any of this information I will be solely responsible for any harm arising, including, but not limited to indemnification, vaccinations and medical care for affected animals, necessary quarantines, business shut downs, other precautions and remedies for potential exposure.
6. I and any guests I bring with me or send assume certain inherent risks by entering the Company's property; this includes injury, illness or parasite which may arise from my own dog, another animal or the property's conditions. I agree to hold the Company and its representatives harmless and indemnify them for any harms that may come to me or guests I may bring with me to the Company's property.

7. I will not send my dog to the Company with valuable or irreplaceable property. I understand that best efforts will be made to return personal property along with my dog at the end of the stay but that damage, destruction and loss are inherent. Further, I authorize that any property that is deemed to be unsafe, unsanitary or inappropriate may be destroyed to protect all animals and staff.
8. The Company may at any time remove a dog from daycare or refuse to accept a dog into the property if he/she exhibits behavior or symptoms which could be harmful to other dogs or people; charges for services will still apply.
9. While all animals that attend Dog Daze and Café are required to have certain vaccinations, health and behavioral requirements there are still risks of injury, illness or parasites associated with doggy day care and boarding .
 - If my dog becomes otherwise ill, injured or infected with a parasite and is in need of immediate care, Dog Daze & Cafe will admit the animal to The Big Easy Animal Hospital and attempt to reach me and/or my authorized representative (then emergency contact if applicable) while the animal is prepared for treatment.
 - If I and/or my authorized representative (then emergency contact if applicable) am unreachable and/or the veterinarian determines it is medically or humanely necessary to proceed, I give consent to have the have the veterinarian proceed with any treatment deemed necessary.
 - I understand that there is a risk of communicable disease being transferred during my dog's stay and that the Company is not liable for any such risk or resulting harm.
 - I hereby release the Company and its representatives of any liability of any kind whatsoever arising from my dog's attendance and participation, no matter the cause of that harm, including, but not limited to, self-injury, another animal, or by a person or property.
 - I will assume all financial responsibility for veterinary treatment provided by Big Easy Animal Hospital.
10. I authorize the above named authorized representative (and emergency contact if so stated) to make decisions, including medical decisions, regarding my dog. I authorize the Company to release information and my dog in to the care of the above named authorized representative (and emergency contact if so stated). I understand that I am responsible for any charges that my authorized representative or emergency contact may incur and agree to pay the Company for such. The Company is not responsible if my authorized representative or emergency contact cannot be reached and the abandoned animal provisions below will apply in such a situation. I release the Company from any actions taken or failed to be taken by my authorized representative or emergency contact and will defend and hold the Company harmless in such action.
11. If my dog engages in a fight and will not release their bite, the Company will have a veterinarian or vet tech administer Telazol (a sedative) or similar drug. **FOR THIS REASON, I HAVE FULLY DISCLOSED ANY PREVIOUS HISTORY SUCH AS SEIZURES, HEART, LUNG, KIDNEY OR PANCREATIC DISEASE. THIS DRUG WILL NOT BE ADMINISTERED TO THE GREYHOUND BREED.**
12. I authorize the Company to contact the appropriate authorities/agencies if my dog bites a person or another animal.
13. I authorize the Company to record my dog by photograph, videotape or other media. The Company shall retain the exclusive rights to all such recordings and media and any profit or benefit derived there
14. Cancellations with less than 48 hours notice will be charged a full day's fee.

15. Reservations are required for boarding. I agree that if my dog is not picked up from daycare by 7:30pm or boarding by 7:30pm, without a prior boarding reservation for that evening, my dog will be boarded at a full day regular rate of boarding PLUS a \$25 non-reservation surcharge per day and any necessary medical or humane charges. All charges and daily rates will apply regardless of what time they are picked up after the late fee is assessed.
16. Any dog who is not picked up within three (3) days of scheduled departure, without alternate arrangements, will be considered an abandoned animal. I understand that the Company may, at its discretion, contact an animal rescue, welfare, or control facility to remove an abandoned animal and I will hold the Company harmless for doing so. I will remain responsible for any and charges, costs or damages accrued by my dog during its stay even if it becomes an abandoned animal and is surrendered.
17. I agree to pay the service rates in effect for my dog's participation in activities at Company. I further agree to pay for any additional services requested or humanely required. I authorize the Company to maintain my credit card on file and charge purchases and/or services rendered against the card at the prices in effect at time of the transaction if I do not provide another form of payment at checkout. I understand that I am able to request a statement or written invoice at any time. All services must be paid in full before my dog will be released.
18. I understand that if I do not meet my obligations under this agreement legal actions may be taken against me, including but not limited to – filing a law suit against me or turning my account over to a collection agency and that I will be liable for collection costs and all reasonable attorneys' fees and court costs (including, without limitation, reasonable expert witness fees) in addition to any unpaid balance.
19. This Agreement and the waivers and obligation will remain valid and in force as long as and whenever my dog participates in any activity at or with the Company. It is my responsibility to update the information contained herein and I will be liable for any failure to do so. I will be informed in writing of any policy changes or updates and may be asked to execute a new agreement.
20. I agree and understand that any disputes arising out of this Agreement will be decided pursuant to the laws of the Commonwealth of Pennsylvania without regard to its conflict of laws and venue shall be in Allegheny County.
21. This Agreement binds me the owner/legal guardian and my heirs and assigns and the Company and its successors and assigns.
22. I acknowledge that if I, my dog, my representatives or guests are hurt or property is damaged at the Company, I may be found, to have waived my right to maintain a lawsuit or receive compensation as I have released those rights herein. I also understand that if I, my dog or my representatives by actions or failure to act cause damage to the Company, another animal, person or property, I may be held liable for those costs, including expenses and attorneys fees to defend the Company from such claims.

I certify that I have read, understand, agree to and will be legally bound by the terms and conditions of the Company as set forth in this Agreement.

Dated _____ Signature of Owner or Legal Guardian _____