



**Pet Service Agreement, Health Certification, Indemnification and Liability Waiver**

I, \_\_\_\_\_ Owner or legal guardian

Of, \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_

(henceforth referred to as Pet),

**Represent, understand and agree to the following:**

**Owner Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Are they authorized to make medical decisions? \_\_\_\_\_ Pick the Pet up? \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Pets Current Veterinary Information:**

\_\_\_\_\_ **Big Easy Animal Hospital**

\_\_\_\_\_ **Other:**

Facility: \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Vaccination records must be sent 24 hours prior to a Pets admission by...**

Facsimile to: (412) 781-1591

E-mailed to: [dogdaze.cafe@gmail.com](mailto:dogdaze.cafe@gmail.com)

Mailed or in person to: Big Easy Dog Daze, 12 McCandless Ave Pittsburgh, Pennsylvania 15201.

**These records must include proof of:**

- Yearly – Rabies,  
DHPP (Distemper, Hepatitis, Parainfluenza, Parvovirus) DOG ONLY  
Three (3) year vaccines are accepted.  
Puppies and Kittens must have their second round of age-appropriate shots.
- Every six months –Negative fecal exam, Heartworm, flea and tick control.  
Bordetella (kennel cough) DOG ONLY
- Spayed/neutered (after age six months)

***\*\*SOME PETS CAN BE EXEMPT FROM VACCINES FOR CERTAIN MEDICAL CONDITIONS. PLEASE PROVIDE A LETTER FROM YOUR VETERINARIAN STATING CAUSE\*\****

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

**Pet Information**

**Canine** \_\_\_\_\_ **Feline** \_\_\_\_\_

Name: \_\_\_\_\_

Sex: Female \_\_\_\_\_ Male \_\_\_\_\_

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 Pet 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 Pet 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 Pet to a communicable disease, including but not limited to parasites, and agree to hold my Pet out of attendance until my Pet is symptom free for a minimum of 14 days or with written veterinary clearance. I further certify that my Pet has not harmed or shown aggressive or threatening behavior towards any person or any other Pet.
3. I am solely responsible for any harm caused by my Pet to any property, person, or other animal while my Pet 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 Pet 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 Pet may be required to be evaluated by the Company prior to participation in daycare activities to assess temperament, health and interactions with other Pets and Company staff.
5. The Company has relied on my representations, particularly those regarding my Pets 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 Pet, 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 Pet to the Company with valuable or irreplaceable property. I understand that best efforts will be made to return personal property along with my Pet 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 Pet from daycare or refuse to accept a Pet into the property if he/she exhibits behavior or symptoms which could be harmful to other Pets 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 Pet 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 during regular business hours 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 veterinarian proceed with any treatment deemed necessary.
- I understand that there is a risk of communicable disease being transferred during my Pet'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 Pet'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 Pet. I authorize the Company to release information and my Pet into 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. Medical Treatment Policy: If your pet is on chronic medication, the fee is \$5.00 to administer vitamins, supplements, diabetic medications, and subcutaneous fluids. **Medication MUST be provided in its original container from the pharmacy.** If it is a prescription medication, the container should include the pet's name, medication name, prescribing veterinarian, and prescribing instructions. Your pet will not be allowed to board if you do not provide their medication.

Our goal is to provide the best care possible for your pet. If a medical issue arises with your pet (i.e., vomiting, diarrhea, etc.) you will be contacted and offered an exam by a veterinarian through The Big Easy Animal Hospital during regular business hours and we will attempt to contact you regarding our findings and recommended treatment. If unable to contact you or the emergency contact, it will be up to the doctor's discretion as to whether the treatment can be postponed until we can reach you. The exam fee and any charges incurred as a result of the medical issue will be added to your invoice at time of pickup. **(Owner's Initials)** \_\_\_\_\_

In the event of an after-hours medical emergency, your pet will be taken to PVSEC (Pittsburgh Veterinary Specialty & Emergency Center) and all fees incurred will be the responsibility of the pet owner. We ask that you provide us with an emergency contact phone number in the event of an emergency. If your vacation/business trip takes you out of the country, on a cruise, etc., we ask that you leave a secured form of payment with us. **(Owner's Initials)** \_\_\_\_\_

In order to provide optimal care for your pet, we want to be prepared in the event of an unlikely emergency if your pet were to become critical. For that reason, we recommend you choose ONE of the following options: **(Owner's Initials)** \_\_\_\_\_

- Perform CPR-including medications
- Aide humanely but do not use CPR. May include humane euthanasia if patient is suffering
- NO CPR, allow to pass naturally. \*

Please note, full CPR and medications as well as humane euthanasia will only be performed by a veterinarian during The Big Easy Hospital business hours or at PVSEC by a veterinarian.

12. If my Pet engages in a fight and will not release their bite, the Company will have a veterinarian or vet tech administer a sedative or similar drug.
13. I authorize the Company to contact the appropriate authorities/agencies if my Pet bites a person or another animal.
14. I authorize the Company to record my Pet 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 thereof.
15. Cancellations with less than 48 hours notice will be charged a full day's fee.
16. Reservations are required for boarding. I agree that if my Pet is not picked up from daycare by 7:30pm or boarding by 7:30pm, without a prior boarding reservation for that evening, my Pet will be boarded at a full day regular rate of boarding PLUS an additional \$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.
17. Any Pet 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 Pet during its stay even if it becomes an abandoned animal and is surrendered.
18. I agree to leave a deposit of 50% of the booking if my pet(s) are boarding for more than 2 weeks. If my pet is staying more than 2 weeks, I agree to have my credit card charged each week after the 2 weeks for the remainder of my pets stay. A discount will be given for long term boarders after 30 days of stay as long as the payments are being met on a weekly basis.
19. I agree to pay the service rates in effect for my Pets 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 Pet(s) will be released.
20. 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 of a lawsuit 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.
21. This Agreement and the waivers and obligation will remain valid and in force as long as and whenever my Pet 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.

22. 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.
23. This Agreement binds me the owner/legal guardian and my heirs and assigns and the Company and its successors and assigns.
24. I acknowledge that if I, my Pet, 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 Pet 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 attorney's 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:** \_\_\_\_\_