

Owner Liability Waiver and Health Certification

I, \_\_\_\_\_, hereby certify that my dog(s): \_\_\_\_\_ is/are in good health and has/have not been ill with any communicable condition in the last 15 days. I further certify that my dog(s) has/have not harmed, bitten or shown aggressive behavior toward any other person or pet. I also understand that every dog reacts differently and that Unleashed Retreat works hard to prevent accidents and injuries, and that such problems may occur no matter how well a pet is cared for.

I, \_\_\_\_\_, understand and agree that Unleashed Retreat and its staff will exercise due diligence and reasonable care while under their supervision. I accept the risks associated with my dog attending and participating in daycare/boarding at Unleashed Retreat including, but not limited to: minor cuts/scratches, sprains, fights, transmission of illnesses, etc. I hereby release the aforementioned entity of any liability of any kind whatsoever arising from my dog(s) attendance and participation.

I, \_\_\_\_\_, certify that I have read and understand the policies of Unleashed retreat as set forth on the General Information and Policies document that I received. I understand the conditions and statements of this agreement, including the following: Dog(s) must be spayed or neutered, on a flea/tick preventative program, and current on DHLPP, Rabies, and Bordetella in order to attend daycare and overnight boarding at Unleashed Retreat. Grooming appointments only require vaccinations to be up-to-date

I, \_\_\_\_\_, recognize Unleashed Retreat operates a flea-free facility and reserves the right to inspect and give each dog found to have fleas, a bath and/or a CAPSTAR tablet. Furthermore, I acknowledge that I will be financially responsible for the bath and flea preventative.

In the event of an emergency, please notify myself or my emergency contact(s) via the information provided during sign-up; On the occasion that no parties are available (*please read carefully and choose one*):

- If my pet is in need of urgent medical attention while under the care of Unleashed Retreat, I authorize a maximum cost of treatment in the amount of \$ \_\_\_\_\_, in which I assume full financial responsibility.
- If my pet is in need of urgent medical attention while under the care of Unleashed Retreat, I authorize the aforementioned facility to seek treatment and hereby release Unleashed Retreat of any liability of any kind whatsoever regarding medical decisions.
- If my pet is in need of urgent medical attention while under the care of Unleashed Retreat, but their condition is not life-threatening, I DO NOT permit the aforementioned entity to seek treatment and continue to monitor. I acknowledge that I will be made aware of the risks involved in not seeking immediate medical treatment regarding their condition and do not hold the facility or its staff responsible for any problems that may arise from my refusal. However, in the event that my pet's condition worsens or becomes life-threatening, I grant permission to Unleashed Retreat to seek medical attention.

In the event my pet experiences a cardiac, respiratory or other life-threatening emergency that requires resuscitative or other urgent care measures (*please read carefully and choose one*):

- Resuscitate (R): I authorize emergency treatment if the situation arises (including cardiopulmonary resuscitation (CPR) and other life-saving treatments).
- Do Not Resuscitate (DNR): I do NOT authorize emergency treatment if the situation arises (including cardiopulmonary resuscitation (CPR) and other life-saving treatments)

I, \_\_\_\_\_, understand that despite the best efforts of the veterinarians and staff, any emergency treatment, including CPR does not guarantee or assure a favorable outcome for my pet.

\_\_\_\_\_  
Signature of owner(s)

\_\_\_\_\_  
Date

