

Paws Unleashed

Pet Care Agreement & Medical Release

This is a required form for all Paws Unleashed, LLC. participants receiving services:

First and foremost the safety and wellbeing of your pet(s) is of the highest importance. Insuring that your pet remains safe and well cared for is our first responsibility and as such we take it very seriously. We do our best to have our pet parents screen for pre-existing health conditions but some factors may be beyond our control. In the event that a medical emergency arises while a pet is at our facility or participating in a service that we provide. It is imperative that we are immediately able to get them medical treatment at the closest available facility. We will call ahead to the veterinary offices in closest proximity geographically to us to insure they can handle the emergency present. Your pet will be rushed to the closest available facility for treatment and you will be notified. We notify the owner after we have secured a medical treatment center for the animal to avoid delays that may be caused by emotion on the part of the owner. Our goal is to get your pet medical attention as quickly as humanly possible, and any distractions may interfere with that process.

For that reason, it is a requirement to have our pet parents sign this form.

I understand that in the event of a medical emergency, that Paws Unleashed LLC. at its sole discretion deems to need the immediate attention of a licensed veterinarian. I authorize Paws Unleashed, LLC. to seek medical attention at the closest available veterinary facility. I further agree that I am financially responsible for any medical treatment my pet(s) receives as a result of a medical emergency while attending services provided by Paws Unleashed, LLC.

I (the owner of the dog(s), in exchange for the provision of dog daycare, boarding and training by Paws Unleashed, LLC (Paws Unleashed), agree to pay Paws Unleashed its posted rates, as they may change from time to time, and I agree that the dog daycare, boarding and training is provided on the following conditions:

I understand Paws Unleashed reserves the right to refuse service to anyone for any reason. I understand that I am liable for all claims, expenses, and damages caused by my dog(s).

I expressly waive and relinquish any and all claims against Paws Unleashed, its employees, and representatives, except those arising from gross negligence on the part of Paws Unleashed, LLC.

I have disclosed to Paws Unleashed, LLC. all known dangers associated with my dog(s).

I expressly understand and agree that Paws Unleashed, LLC shall not be held responsible for any damage to my property, or that of others, caused by my dog(s) during the period in which they are in its care.

If any medical problems develop while my dog is in the care of Paws Unleashed LLC., I authorize Paws Unleashed, LLC. to do whatever they deem necessary for the safety, health, and wellbeing of my dog(s). Further, I agree to assume full financial responsibility for any and all expenses incurred.

I understand that Paws Unleashed LLC. is a cage-free facility I accept the risks involved and agree that Paws Unleashed LLC. is not liable for any injuries or illnesses during my dog's attendance.

I authorize Paws Unleashed LLC. to use any pictures taken of my dog(s) for promotional purposes.

I understand that payment is due at the time of service and agree to pay the amount due in full at the time I pick up my dog(s).

I will not bring my dog(s) to Paws Unleashed LLC. if they have shown symptoms of, or been exposed to, a communicable illness until an accredited veterinarian has confirmed my dog's illness is not contagious.

I hereby declare to Paws Unleashed LLC. I am legal owner of my dog(s); that my dog(s) has not been exposed to distemper, rabies or parvo within the past (30) thirty days; that my dog(s) has been inoculated as indicated by records presented; and that I (the owner) have read this agreement in its entirety.

1. I further understand that Paws Unleashed LLC. has relied upon my representation that my dog is in good health and has not injured or shown aggression or threatening behavior to any person or dog in admitting my dog for services at their facility.

2. I further understand that Paws Unleashed LLC. their owners, staff, partners and volunteers, will not be liable, financially or otherwise, for injuries to my dog, myself or any property of mine while my dog is participating in services provided by Paws Unleashed LLC. I hereby release Paws Unleashed LLC. of any liability of any kind arising from my dogs' participation in any and all services provided by Paws Unleashed LLC.

3. I further understand and agree that any problems with my dog, behavioral, medical or otherwise will be treated as deemed best by staff of Paws Unleashed LLC. in their sole discretion, and in what they view as the best interest of the animal. I understand that I assume full financial responsibility and all liability for any and all expenses involved in regards to the behavior and health of my dog.

4. I further understand that there are risks and benefits associated with group socialization of dogs. I agree that the benefits outweigh the risks and that I accept the risk. I desire a socialized environment for my dog while attending services provided by Paws Unleashed LLC. and while in their care. I understand that while the socialization and play is closely and carefully monitored by PAWS staff to prevent injury, it is still possible that during the course of normal play my dog may receive minor nicks and scratches from roughhousing with other dogs. Any injuries to my dog will be pointed out by staff upon pick-up.

5. I understand by allowing my dog to participate in services offered by Paws Unleashed LLC. I hereby agree to allow Paws Unleashed LLC. to take photographs or use images of my pet in print form or otherwise for publication and/or promotion.

6. I further understand that I am solely responsible, financially or otherwise, for any harm or damage caused by my dog while my dog is attending any services provided by Paws Unleashed LLC.

7. I understand that if my dog is not picked up on time or by a date specified in a separate agreement. I hereby authorized Paws Unleashed LLC. to take whatever action is deemed necessary for the continuing care of my dog. I will pay Paws Unleashed LLC. the cost of any such continuing care upon demand by Paws Unleashed LLC. I understand that if I do not pick up my animal, Paws Unleashed LLC. will proceed according to the guidelines provided by Minnesota Statute Abandonment of animals by owner; procedure for handling. I also acknowledge that I will be fully responsible for all attorney's fees and associated costs if I abandon my dog.

I have reviewed the above information for accuracy, I understand the contents of this form and I agree to the above terms.

Print Name: _____ Signature: _____

Date: ____/____/____