Owner Liability Waiver and Health Certification

Owner Agreement

I,, hereby certify that my dog(s),	, is/are in good
health and has/have not been ill with any communicable conditions in the last 14 days. I further	certify that my
dogs(s) has/have not harmed or shown any aggression or threatening behaviors towards any per	son or any other
dog. I must read and understand the following:	

- 1. I understand that I am solely responsible for any harm caused by my dog(s) while my dog(s) is/are attending Happy Tails Pet Resort and Kennel (Center).
- 2. I further understand and agree that in admitting my dog(s) to the Center, Happy Tails staff have relied on my representation that my dog(s) is/are in good health and has/have not harmed or shown aggressive or threatening behavior towards any person or any other dog.
- 3. Happy Tails highly recommends a six-month booster of the Bordetella vaccination. As the Canine Cough virus is highly contagious, it is recommended that pets that attend day care, dog parks, or use boarding services have the six-month booster. If a pet receives a yearly booster and contracts Canine Cough, the owner is solely responsible for any and all costs resulting from the contraction of said virus.
- a. NOTE: Even in the most hygienic, well ventilated, spacious dog daycare and boarding kennels the possibility of a dog catching "canine cough" exists. Canine cough can be acquired from your neighbor's dog, from a dog park, or while sitting with your dog on a sidewalk restaurant patio. Your vaccinated dog can STILL pick up canine cough even after receiving the Bordetella vaccine much like the flu or common cold, there are many variations to canine cough, and some are covered by the vaccination while others aren't.
- 4. All dogs must be on flea and tick control.
- 5. Any pet that has out of date vaccinations is asked to comply with a minimum 5 day waiting period for Distemper and Rabies after vaccinations are updated. Any pet that has out of date vaccinations is asked to comply with a minimum 10 day waiting period for Canine Cough/Bordetella after vaccinations are updated. An owner may sign a vaccination waiver at the discretion of Happy Tails staff and will assume any and all responsibility for any costs due to or resulting from the contraction of any virus from not receiving the vaccination within the appropriate time frame. This shall include but not be limited to, all medical costs related to the pet, facility fees for extra cleaning and time, and/or penalties for not complying with recommended vaccination requirements.
- 6. If a pet has been spayed or neutered, there is a mandatory waiting period after the surgery of at least 7 days for males, and 14 days for females. After the surgery, a release form from the veterinarian must be provided to ensure the safety of the pet to participate in activities in our facility. No pet shall be allowed to return after any surgery of any kind until a release is provided to Happy Tails.
- 7. I further understand and agree that Happy Tails Pet Resort and Kennel and their staff and volunteers, will not be liable for any problems that develop, provided reasonable care and precautions are following, and I hereby release them of any liability of any kind whatsoever arising from my dog's/dogs' attendance and participation at the Center.
- 8. I further understand and agree that dogs can sometimes receive minor cuts and scratches at daycare and any problems that develop with my dog(s) will be treated as deemed best by staff and volunteers of Happy Tails Pet Resort and Kennel, at their sole discretions, and that I assume full financial responsibility for any and all expenses involved.

I certify that I have read and understand the policies of the Center as set forth on the preceding page and that I have read and understand the conditions, and statements of the agreement.

Signature of Owner:	Date :	
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FOR OFFICE USE ONLY	,		
Enrollment Form	Evaluation	Veterinarian Records	
Customer Setup	First Day		
Day Care	Kennel		
Notes:			
 Owner Informati	on.		
JWIIEI IIIIOIIIIAU			
Name			
Address			
Email			
Primary &			
Secondary phone			
Emergency Conta	ict:		
Name			
Email			
Primary &			
Secondary phone			
Veterinarian:			
Name			
Address			
Email			
Phone:			

Pet Information (add	additional pets to last p	pages): #	of pets-		
Name		Breed			
Birthdate		Weight			
Sex		Spay/ Neuter		Age of procedure	
Notes:					
Haalth /Cua ansina					
Health/Grooming Please check if applicable:					
Allergies	Fleas			Hip Dysplasia	
Like being brushed	-	ensitive areas		nip Dyspiasia	
Favorite petting spots					
Any restrictions on movem	nent? If yes, list				
Additional Daycare i	nformation:				
Pet Personality Profi					
Date you acquired the dog	?	Where d	d you get your do	og?	
If adopted, do you have an					
Are there other animals in	your household? If yes, li	ist type/sex/age			
How does your dog get alo	ang with other resident an				
	with other resident an				

Behavior

Plays with other dogs	What type of dog		
	(small, large, young)		
Plays with toys	Favorite toys		
Attended obedience	If so, what Commands?		
training?			
Reaction in groups of dogs?			
Does your dog act afraid of any	specific items/noise, if so please exp	lain?	
How does your dog react to stra	angers coming in the home or yard?		
Does your dog ever bark or gro	wl at anyone passing outside your ho	me or yard?	
Are there any kinds of people o	or dogs your dog automatically fears o	or dislikes?	
How does your dog react to pu	ppies?		
Has your dog ever growled at so	omeone or another dog? If so, pleas	e explain:	
Has your dog ever bitten somed	one or another dog? If so, what were	e the circumstances?	
Does your dog have any proble	ms with any of the following?		
Mouthiness	Housetraining	Barking	
Toy aggression/protecting	Food aggression/protecting	Jumping	
Other			

Other comments about your dog which you feel may be helpful:

Pet # 2

Name	Breed	
Birthdate	Weight	
Sex	Spay/ Neuter	Age of procedure
Notes, include behavior/likes/dislikes:		

Health/Grooming

Please check if applicable:

Allergies	Fleas	Hip Dysplasia	
Like being brushed	Touching sensitive areas		

Pet # 3

Name	Breed	
Birthdate	Weight	
Sex	Spay/ Neuter	Age of procedure
Notes, include behavior/likes/dis	slikes:	

Health/Grooming

Please check if applicable:

Allergies	Fleas	Hip Dysplasia	
Like being brushed	Touching sensitive areas		

Happy Tails Enrollment Form				