

New Freedom Doggy Care Waiver

<p><u>PET INFORMATION</u></p> <p>PET NAME: # _____</p> <p>BREED: _____</p> <p>COLOUR(S): _____</p> <p>SEX: MALE FEMALE</p> <p>WEIGHT: _____ AGE: _____</p> <p>BIRTHDAY: _____</p> <p>IS YOUR ANIMAL SPAYED / NEUTERED: YES NO If NO, I(owner) take full responsibility in the event that my dog gets impregnated or any other implications occur if my dog engages in sexual Interaction: (please initial) _____</p> <p>PET LICENSE #: _____</p> <p>PET MICROCHIP #: _____</p> <p>PET TATTOO #: _____</p> <p>ARE ALL VACCINATIONS UP TO DATE: YES NO</p> <p>ARE THERE ANY HEALTH CONCERNS: YES NO If YES, please list below:</p> <p>DOES YOUR PET HAVE ANY SPECIAL NEEDS: YES NO If YES please explain:</p> <p>IS YOUR PET AGGRESSIVE: YES NO If YES please explain:</p>	<p>PET NAME: # _____</p> <p>BREED: _____</p> <p>COLOUR(S): _____</p> <p>SEX: MALE FEMALE</p> <p>WEIGHT: _____ AGE: _____</p> <p>BIRTHDAY: _____</p> <p>IS YOUR ANIMAL SPAYED / NEUTERED: YES NO If NO, If NO, I(owner) take full responsibility in the event that my dog gets impregnated or any other implications occur if my dog engages in sexual Interaction: (please initial) _____</p> <p>PET LICENSE #: _____</p> <p>PET MICROCHIP #: _____</p> <p>PET TATTOO #: _____</p> <p>ARE ALL VACCINATIONS UP TO DATE: YES NO</p> <p>ARE THERE ANY HEALTH CONCERNS: YES NO If YES, please list below:</p> <p>DOES YOUR PET HAVE ANY SPECIAL NEEDS: YES NO If YES please explain:</p> <p>IS YOUR PET AGGRESSIVE: YES NO If YES please explain:</p>
<p><u>OWNER INFORMATION</u></p> <p>LAST NAME: _____</p> <p>FIRST NAME: _____</p> <p>ADDRESS: _____</p> <p>CITY: _____ PROVINCE: _____</p> <p>POSTAL CODE: _____</p> <p>EMAIL: _____</p> <p>HOME PHONE: _____</p> <p>WORK: _____</p> <p>CELL PHONE: _____</p>	<p><u>EMERGENCY CONTACT</u></p> <p>NAME: _____</p> <p>PHONE: _____</p> <p>EMAIL: _____</p> <p><u>SECOND CONTACT</u></p> <p>NAME: _____</p> <p>PHONE: _____</p> <p>EMAIL: _____</p> <p>PLEASE PROVIDE ANY ADDITIONAL INFORMATION</p> <p><u>VETERINARIAN INFORMATION</u></p> <p>NAME: _____</p> <p>PHONE: _____</p>

Terms of the Waiver

Please read carefully and sign below if you are in agreement to the term •,

I grant the use of images taken by New Freedom Doggy Care and their staff or representative to be used on social media and/or the internet and/or in print. YES NO (please initial) _____

I understand that there are risks to my dog, to others, and to the property inherent to having my dog walked or run by New Freedom Doggy Care and/or (hereafter shown as New Freedom Doggy Care). I understand the special risks associated when my dog is off leash, including but not limited to risks presented by or to other dogs and people. I acknowledge New Freedom Doggy Care will take such actions as are reasonable to minimize these risks but understand that this is not always possible to prevent any injuries to my dog or other people or to animals that may occur under the care of New Freedom Doggy Care. • I will indemnify and hold harmless New Freedom Doggy Care and its principals, partners and employees from all alleged actions, suits, claims costs, losses damages, charges and expenses to whatsoever, including but not limited to loss damage or injury to my dog, other animals, people (including without limitation New Freedom Doggy Care). I further warrant that my dog is not aggressive towards people or animals; my dog is obedient and also capable of following commands from other persons than myself. • I will be financially responsible for all costs and damages incurred in the event that my dog runs away from New Freedom Doggy Care for any reason and at any time while in the care of New Freedom Doggy Care. I also authorize care staff to take my dog to the nearest veterinarian or my veterinarian is considered to be the most suitable for New Freedom Doggy Care. • I understand that having my dog in the company of and in the environment with other dogs might involve the risk regarding the contraction of illness. I agree and understand that even proper and regular vaccination may not guard dogs against certain illnesses and diseases and New Freedom Doggy Care cannot in any way prevent nor are they responsible for any illness that my dog may contract. By reading and signing the following Terms of this Waiver I agree to the terms and will not hold New FREEDOM DOGGY CARE and/or its staff and/or its owner responsible medically or criminally for any injury OR fatality to my dog or by my dog while in the care of New FREEDOM DOGGY CARE and/or its staff and/or its owner. I have agreed by signing this waiver I have read it thoroughly, understand all of the terms and agree to all the terms listed.

PLEASE PRINT NAME _____

SIGNATURE _____ DATE _____

PLEASE BE ADVISED: ALL DOGS MUST BE LICENSED AND WEARING THEIR TAGS WHILE AT FREEDOM DOGGY CARE. IT IS THE OWNERS RESPONSIBILITY TO OBTAIN AND MAINTAIN SUCH LICENSE. IF NO TAG ON DOG AND THE DOG CONTROL OFFICER ISSUES A FINE THAT FINE IS THE RESPONSIBILITY OF THE OWNER NOT NEW FREEDOM DOGGY CARE

– If you have more than TWO pets that attend New Freedom Doggy Care please ask for additional sheets to record all information. –