

Owner Agreement and Release Form

_____ **1.** Payments are due at the end of each day for attendance at Waggs & Woofs Doggy Daycare, LLC (herein after referred to as W&W,LLC). No shows or cancellations of boarding reservations, will be charged a penalty of the first day fee unless **cancelled 24 hours in advance** (excluding holidays where **full** amount of the scheduled overnight stay will be charged).

_____ **2.** Payments may be made by cash, check . Any discounted packages must be paid in advance and are non refundable. Current credit card number and expiration date must be on file at all times and my signature on this agreement authorizes use of this card for payment.

_____ **3.** I understand that I am solely responsible for any harm or damage caused by my dog(s) while attending W&W,LLC . I further agree to indemnify W&W,LLC, it's owner(s), staff and volunteers for any loss, liability, damage or cost they may incur due to any harm caused by my dog(s).

_____ **4.** I agree and understand that any problems that develop with my dog(s) will be treated as deemed best by W&W,LLC, in their sole discretion, and that I assume full responsibility for any and all expenses involved.

_____ **5.** I agree and understand to indemnify W&W,LLC, its staff, and volunteers for any loss, liability, damage or cost they may incur due to my dog(s) participation and attendance in the daycare.

_____ **6.** I agree and understand that this release, waiver, and indemnify agreement is intended to be as broad and inclusive as permitted by the law of the state of New York. If any portion thereof is held invalid, it is agreed and understood that the balance shall continue in full legal force and effect. Should a court determine that any provision waiving liability is deemed unenforceable, W&W,LLC shall be limited to the funds paid to it by me for taking care of my dog(s).

_____ **7.** I agree and understand by admitting my dog(s), W&W,LLC has relied on my representation that my dog(s) is\are in good health and have not harmed or shown aggression or threatening behavior toward any person or any other dog.

_____ **8.** W&W,LLC reserves the right to **refuse** the admittance to any dog that does not meet the **temperament and health requirements**.

_____ **9.** I authorize W&W,LLC to contact the veterinarian indicated on the information form, Homestead Animal Hospital, or any emergency vet/hospital in the event of an emergency to provide appropriate medical treatment to my dog(s), if I am unable to be contacted. I understand that the cost of any such treatment will be my responsibility. I authorize veterinary expenses not to exceed the amount of \$ _____.

I certify that I have read and understand the policies and accept all terms, conditions and statements of this agreement.

Owners Name (Print)

Owners Address: _____

Owners Signature

Date: _____