

# Cascade Hospital for Animals

General Release of Liability and Client Agreement for The Crate Escape Daycare Services



Family Last Name \_\_\_\_\_ Dog's First Name \_\_\_\_\_

Emergency Contact Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_

My dog has attended doggie daycare at \_\_\_\_\_ Please list last date attended \_\_\_\_\_

The text to follow represents an agreement and understanding between Cascade Hospital for Animals and the undersigned (Owner) for pet related services provided by Cascade Hospital for Animals, all pursuant to the terms and conditions listed herein. Please acknowledge the following statements by marking an acknowledgement in the box next to each point.

- Cascade Hospital for Animals agrees to exercise due diligence and reasonable care, and to keep the premises sanitary and properly enclosed. All dogs are handled and cared for by Cascade Hospital for Animals staff without liability on Cascade Hospital for Animals' part for loss or damage from disease, theft, fire, death, escape, injury, or harm to persons, other pets, or property by said dog, or from other unavoidable causes, due diligence and care having been exercised. Cascade Hospital for Animals reserves the right to refuse any dog.
- The Owner agrees and understands that sending their dog to any dog activity center has an increased risk of exposure to a communicable disease, such as the upper respiratory viruses that cause Tracheobronchitis (kennel cough). Although vaccinations are required to prevent such outbreaks, vaccines cannot protect from every strain. The Owner acknowledges that they understand that their pet may become ill, and accept this risk because it is outweighed by the benefits of having their pet play for the day.
- The Owner affirms the dog is current on vaccinations and is responsible to provide a current vaccination record, including but not limited to, Rabies, Distemper/Parvo, Bordetella, and Canine Influenza. The Owner affirms the dog is free from internal parasites as evidenced by a negative fecal test within the past 6 months. The Owner affirms the dog is treated\* with preventative medicine for fleas and ticks.  
**\*(If fleas are observed on your pet, we will treat them with Capstar and you will be charged \$5.35 for the treatment.)**
- The Owner understands that the dog may be involved in water play during the warmer weather and may be returned to them damp from the day's activities.
- The Owner understands that citronella anti-barking collars, and/or "quiet time" will be used at the discretion of Cascade Hospital for Animals' staff for pets that make for a noisy playtime environment.
- The Owner agrees that their dog may be videotaped, photographed, and recorded. Cascade Hospital for Animals shall be the exclusive owner of the results and any proceeds of such tapings, photographs, and recordings with the rights, worldwide, for an unlimited number of times in perpetuity, to copyright, to use, and to license to others in any manner. The Owner further agrees that their dog may be used in any and all media and in the promotion, advertising, sale, publicizing, and exploitation of Cascade Hospital for Animals. Personal information of the owners such as names, addresses, and e-mail is kept strictly confidential and will never be shared with anyone unless required by law.
- Authorization for treatment of unexpected medical problems and emergencies. We will attempt to contact you at the number listed above. If we cannot reach you how should we proceed?

**PLEASE INITIAL ONE TREATMENT OPTION LISTED BELOW THAT YOU WOULD LIKE US TO FOLLOW.**

\_\_\_\_\_(initials) I authorize Cascade Hospital for Animals to treat any and all unexpected medical problems or emergencies up to a maximum of \$ \_\_\_\_\_.

\_\_\_\_\_(initials) I authorize Cascade Hospital for Animals to treat only **life-threatening emergencies\*** up to a maximum of \$ \_\_\_\_\_.

\*(Treatment of other medical problems such as diarrhea, lameness, skin infections and ear infections are not authorized)

\_\_\_\_\_(initials) If I cannot be reached by phone, I **do not** authorize any emergency or non-emergency treatments.

I understand and agree to the above:

\_\_\_\_\_  
Owner's Printed Name

\_\_\_\_\_  
Owner's Signature