

YOU BECOME RESPONSIBLE, FOREVER, FOR WHAT YOU HAVE TAMED

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Please fill out one CONSENT form per pet

Dog's Name: _____ **Breed:** _____

Date of Birth: ___/___/_____ **Male or Female Spayed/Neutered:** YES or NO

Client's Name: _____

Phone # 1: _____ **Phone # 2** _____.

Dogs must have proof of current Rabies, Distemper and Parvo (DHPP), Bordetella, Leptospirosis and Influenza vaccinations. In addition, all dogs must have current intestinal parasite prevention and proof of purchase must be provided. I understand that if fleas are found on my pet, he/she will be given a flea bath at my expense.

Authorized Initial _____

I understand that as an animal facility there is a chance that my dog may come in contact with parasites such as fleas, ticks, or worms. I also understand that my dog could potentially come in contact with infectious bacterial or viral agents. Current vaccinations and preventatives protect against the vast majority of these illnesses and parasites. I will not hold **Tamed Tails House** liable for any parasite, viral, or bacterial illnesses that may arise during my pet's stay.

Authorized Initial _____

I understand that photographs and videos of pets, customers and staff are taken at the facility. I give my consent, permission, and authorization without compensation to me, to use, reproduce and alter the images for advertising by **Tamed Tails House**. I acknowledge that all such images, together with print and copyrights are the property of **Tamed Tails House**.

Authorized initial _____

I acknowledge that other animals will be located on the premises and because **Tamed Tails House** is a cage-free facility my pet will be interacting with other dogs during his/her stay. I understand that dogs are unpredictable creatures and that fights may occur, but that a **Tamed Tails House** team member is never more than 10 feet away from my pet and every and all actions will be taken to make sure that all pets are safe. I agree

that **Tamed Tails House** is not responsible for any claims of injury, illness, damage or death of my dog during its stay by other boarding, daycare, or grooming animals and under no circumstances will be liable for consequential damages. I certify that I informed **Tamed Tails House** of all dog and human aggression. I agree that I'm responsible for any harm caused by my dog while in the care of Tamed Tails House. I shall compensate **Tamed Tails House** against any claims made against it or losses or damages suffered by **Tamed Tails House** as a result of my dog.

Authorized Initial _____

I agree that if my pet is to be picked up by someone other than myself, I will make these arrangements, including payment, at the time of drop off. I understand that this person must submit a copy of their identification before my pet will be released to them.

Authorized Initial _____

If my pet's stay extends past closing, I agree to contact **Tamed Tails House** to make further arrangements. A deposit on my account may also be necessary at this time. I understand that boarding animals will be discharged between the hours of 9am and 3pm on the weekends. After 3pm the extra night charge will apply.

Authorized Initial _____

I understand that in the event that I do not pick up my pet within 10 days after the expected date of discharge my pet will be considered abandoned and **Tamed Tails House** reserves the right to relinquish care of the abandoned pet to an appropriate agency or offer the pet for adoption. I understand that I will still be responsible for all charges.

Authorized Initial _____

Should my pet show any signs of aggression towards the staff or other animals, **Tamed Tails House** reserves the right to remove my pet immediately by way of myself or animal control thus terminating any further daycare reservations. If payment was made in advance It will be refunded for any day(s) that my pet did not stay for daycare.

Authorized Initial _____

Tamed Tails House will make every attempt to return all items that I leave with my pet, however I understand that some items may be lost due to bedding changes or cleaning of the items.

Authorized Initial _____

I understand that **Tamed Tails House** is not a medical facility and does not have veterinarians on the premises. In the event that my pet requires medical attention **Tamed Tails House** will do its best to reach me. I hereby give permission to the staff members of **Tamed Tails House** to take my pet to a veterinarian of their choice in the case of a medical emergency. I also understand that I am responsible for any and all charges incurred during my pet's veterinary visit.

Authorized Initial _____

I understand that in the unfortunate event that my dog falls ill during their stay with **Tamed Tails House**, it is crucial for their well being that they receive prompt attention and care. To ensure this, I'm going to have an authorized person who can be readily available to pick up my dog if needed. I will provide contact information of the designated person. I also can update this information at any time by contacting the staff at the **Tamed Tails House**

Authorized Initial _____

All precautions will be taken to prevent injury, escape, or other life-threatening emergencies. The staff will not be held accountable for problems that develop, provided that reasonable care and precautionary measures have been taken.

Authorized Initial _____

Tamed Tails House will call as soon as finished with his/her grooming services. I agree to pick up my pet as quickly as possible after receiving that call. I understand that additional Daycare charges may apply for late pickups.

Authorized Initial _____

If the grooming is deemed unsatisfactory, the person picking up the pet will be responsible for notifying the staff BEFORE the pet leaves the building. The repair (if possible) must be done within 1 week of the initial grooming. No money would be refunded if the repair is done. Money will ONLY be refunded (in part or in whole) if the error is on part of the groomer and is NOT fixable.

Authorized Initial _____

I understand that this consent form covers all daycare, boarding, training and grooming visits with **Tamed Tails House**.

Authorized Initial _____

By signing below, you agree and understand the policies listed and you authorize **Tamed Tails House** to care for your pet during their stay with us. You accept all financial responsibility for any and all charges incurred during your pet's stay.

Owner Signature _____ Date __/__/__

Admitting Staff Member Signature _____ Date __/__/__