

Canine to 5 Daycare: Rockford

4967 Contractors Dr Loves Park, IL 61111

815-633-7777



Waiver and Release of Liability

This agreement is entered into by and between "Canine to 5" and "Owner":

1. I understand that I am solely liable for medical care expenses and damages that result from injuries caused by my dog or that I will resolve the matter directly with the owner(s) of the other dog(s) based on applicable laws.
2. I understand that there are inherent risks in sending my dog to dog daycare, such as illness, injury, death or escape, and I accept these risks because they are outweighed by the benefits. Canine to 5 will not be liable for any illness, injury, death or escape that may occur to my dog(s).
3. I authorize Canine to 5 to take actions they may deem necessary to ensure the health, well being and safety of my dog(s), and to take reasonable action to resolve any medical problems that may arise while my dog(s) is in their care. I agree to assume full financial responsibility for any and all expenses incurred as a result of their actions. I understand that Canine to 5 is expected to make a reasonable attempt to contact me before incurring such expenses, that they may need to incur such expenses if they can't reach me, and that an emergency situation could arise where it would not be feasible for them to contact me before the expense is incurred.
4. All dogs must pass a general behavior assessment in order to attend Daycare. No dog may be admitted that shows any signs of any type of aggression, including resource guarding.
5. I waive all claims or actions against Canine to 5, relating to the care, control, health, and/or safety of my dog(s) arising while my dog(s) is in their care.

I certify that:

1. That my dog(s) is currently and properly licensed and I am the legal owner.
2. That, to my knowledge, my dog(s) has not been exposed to kennel cough, distemper, rabies, giardia or parvovirus within the past thirty days.
3. My dog has been vaccinated, is on a flea/tick preventative, heartworm preventative and has had a negative fecal check in the last 6 months.

I have read and I agree with the Waiver and Release of Liability terms listed above:

PRINT NAME: _____

SIGNED: _____

DATE: _____