

AGREEMENT TO HOLD HARMLESS ASSUMPTION OF RISK AND RELEASE

I understand that attending a dog obedience training class, behavioral counseling session, or daycare program is not without risk to myself or my dog, because some of the dogs to which we will be exposed may carry disease, infestation, and/or be difficult to control and may be the cause of injury or disease even when handled with the greatest of care and all precautions are taken.

After due consideration of the possible risks involved, I assume all risks of disease, illness, accident and/or injury to myself or my dog as the result of the actions of any dog, including my own, incidentally or to my attendance to any All Under 1 Woof! (AU1W) program, and hereby release AU1W, its officers, employees or agents in their capacity as a representative of AU1W from any and all claims for liability as a result of the action of any client or clients' dog(s) while attending a program or on the training grounds of AU1W.

I, also hereby agree to indemnify and hold harmless AU1W, its officers, employees, and agents from any and all claims arising from and as a result of the actions of my dog, which constitute negligence or intentional misconduct.

I agree to be responsible and pay for all costs, damages, or personal injury caused by my animal during its time with AU1W. I have also carefully informed AU1W of all special needs and any unusual behavior(s) characteristics of my dog.

I have read and agree with the Rules and Regulations of All Under 1 Woof!, and will comply with them as listed.

Client: _____ Date: _____

EMERGENCY MEDICAL CARE

In case of emergency, notify: (other than owners)

1) Name: _____ Phone: _____

2) Name: _____ Phone: _____

I, _____ authorize All Under 1 Woof!, and its staff to transport and seek medical attention for my pet, should the need for medical care arise. I am fully aware that I will be responsible for payment for any medical services rendered at the time of such services.

In case a medical emergency should arise (please initial one):

____ 1) Proceed as you see fit. You do not need further permission from me to perform needed medical services to give the best quality care for my pet.

____ 2) Do not exceed emergency medical treatment.

____ 3) In case of medical emergency, I do not want my pet treated until I have been contacted.

I prefer to pay the bill for these services with (please initial one):

____ Cash ____ Check