

# Howling Success K9 Services Pet Care Agreement

Name \_\_\_\_\_  
City \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Age \_\_\_\_\_

Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Dog's Name \_\_\_\_\_  
Breed \_\_\_\_\_

I further understand that Howling Success has relied upon my representation that my dog is in good health and has not injured or shown aggression or threatening behavior to any person or dog in admitting my dog for services at their facility. I further understand that their owners, staff, partners and volunteers, will not be liable, financially or otherwise, for injuries to my dog, me or any property of mine while my dog is participating in services provided by Howling Success. I hereby release Howling Success of any liability of any kind arising from my dog's participation in any and all services provided by Howling Success. I further understand and agree that any problems with my dog, behavioral, medical or otherwise will be treated as deemed best by staff of Howling Success in their sole discretion, and in what they view as the best interest of the animal. I understand that I assume full financial responsibility and all liability for any and all Expenses involved in regards to the behavior and health of my dog. I further understand that there are risks and benefits associated with group socialization of dogs. I agree that the benefits outweigh the risks and that I accept the risk. I desire a socialized environment for my dog while attending services provided by Howling Success and while in their care. I understand that while the socialization and play is closely and carefully monitored by Howling Success staff to prevent injury, it is still possible that during the course of normal play my dog may receive minor nicks and scratches from roughhousing with other dogs. Any injuries to my dog will be pointed out by staff upon pick-up. I understand by allowing my dog to participate in services offered by Howling Success I hereby agree to allow Howling Success to take photographs or use images of my pet in print form or otherwise For publication and/or promotion. I further understand that I am solely responsible, financially or otherwise, for any harm or damage caused by my dog while my dog is attending any services provided by Howling Success. I understand that if my dog is not picked up on time or by a date specified in a separate agreement I hereby authorize Howling Success to take whatever action is deemed necessary for the continuing care of my dog. I will pay Howling Success the cost of any such continuing care upon demand by Howling Success. I understand that if I do not pick up my animal, Howling Success after a reasonable attempt to contact the owner, will act accordingly. I also acknowledge that I will be fully responsible for all attorneys' fees and associated costs

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

# Howling Success K-9 Services Medical Release Form

This is a required form for all Howling Success K-9 Services participants receiving services.

First and foremost the safety and well being of your pet(s) is of the highest importance. Insuring that your pet remains safe and well cared for is our first responsibility and as such we take it very seriously. We do our best to have our pet parents screen for pre-existing health conditions but some factors may be beyond our control. In the event that a medical emergency arises while a pet is at our facility or participating in a service that we provide it is imperative that we are immediately able to get them medical treatment at the closest available facility. We will call ahead to the veterinary offices in closest proximity geographically to us to insure they can handle the emergency present. Your pet will be rushed to the closest available facility for treatment and you will be notified.

Our goal is to get your pet medical attention as quickly as possible, and any distractions may interfere with that process. For that reason, it is a requirement to have our pet owners sign this form. I understand that in the event of a medical emergency that Howling Success K-9 Services, at its sole discretion, deems to need the immediate attention of a licensed veterinarian, I authorize Howling Success K-9 Services to seek medical attention at the closest available veterinary facility. I further agree that I am financially responsible for any medical treatment my pet(s) receives as a result of a medical emergency while attending services provided by Howling Success K-9 Services

Signature of owner \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_