

**Woof Pet Care, Inc. / Woof Playcare
AGREEMENT & RELEASE**

1. I certify that my dog(s) is in good health and has not been ill in the past 30 days. I will promptly notify Woof Pet Care, Inc. (DBA Woof Playcare) if my dog contracts any contagious illness.
2. I confirm that I have fully disclosed any history of aggression or threatening behavior exhibited by my dog(s). I understand that any aggressive behavior may result in my dog being prohibited from attending Woof Pet Care, Inc.
3. I acknowledge that while my dog will be carefully supervised, a cage-free environment carries inherent risks due to the physical nature of dog play. Minor injuries such as bites or scratches may occur.
4. I understand that dogs new to playcare, or those unaccustomed to high levels of physical activity, may experience temporary soreness, lethargy, or minor abrasions on their paw pads. Puppies, senior dogs, and those with limited prior socialization may be more susceptible to minor illnesses, such as cold- or allergy-like symptoms. As dogs acclimate to the routine, their bodies adjust, and their immune systems strengthen. I agree to report any unusual symptoms to Woof Pet Care, Inc.
5. I acknowledge that despite my dog(s) receiving the Bordetella vaccination, canine cough and other respiratory illnesses are common and can spread easily, like how illnesses spread among children in daycare. While Woof Pet Care, Inc. takes every precaution to minimize exposure, I understand they cannot guarantee my dog will not contract such illnesses and cannot be held liable.
6. I agree that Woof Pet Care, Inc., is not responsible if my dog contracts fleas or ticks. Additionally, dogs with longer coats may develop matting due to playtime activities. Any necessary bathing or de-matting services will be available at my expense.
7. I understand that the staff at Woof Pet Care, Inc. have been trained in animal first aid. At their discretion, minor injuries may be treated on-site and reported to me. If I discover an unreported injury after picking up my dog, I will notify Woof Pet Care, Inc. as soon as possible.
8. In the event of an emergency, I authorize Woof Pet Care, Inc. to seek immediate veterinary care from the nearest emergency veterinarian or a veterinarian of their choosing. I agree to assume full financial responsibility for any associated costs.
9. I understand that if my dog experiences a serious illness, injury, or other medical emergency while at Woof Pet Care, Inc., staff will make every effort to contact me. If I am unavailable, I authorize Woof Pet Care, Inc. to consent to necessary life-saving procedures, including anesthesia or surgery, on my behalf. I accept full financial responsibility for all related expenses.
10. I acknowledge and agree that Woof Pet Care, Inc. and its staff shall not be held liable for any injuries, illnesses, or incidents that may arise, provided that reasonable care and precautions are taken. I release Woof Pet Care, Inc., its agents, officers, subcontractors, employees, and other customers from all liability for injuries to myself, my pet, or my property in connection with services or products provided by Woof Pet Care, Inc. By signing below, I accept full responsibility for my pet and authorize the release of my pet's medical records from my veterinarian.

Owner's Signature: _____ **Date:** _____

Owner Printed Name: _____

Dog (s) Name: _____

Owner & Pet Information

- **Primary Contact:** _____
- **Email:** _____
- **Phone (s):** _____
- **Home Address:** _____

Emergency & Veterinary Information

- **Secondary Contact:** _____ **Phone:** _____
- **Veterinarian:** _____
- **Emergency Contact** _____ **Phone:** _____
Preferrable someone in town if you are on vacation.

Additional Information

- **Dog's Name:** _____
- **Dog's birthdate or est. age** _____ If over the age of 14 a special addendum will be required
Dogs must be at least 4 months old.
- **Please provide proof of current vaccines; Rabies, DHLPP and Bordetella.**
- **At what age was your dog spayed/neutered?** _____
- **If female, has she ever had a litter?** _____
- **Have you owned your dog for at least four months?** _____ **If not, where did you adopt them from?**

- **Has your dog ever bitten a person or another animal?** _____
- **Has your dog ever had a seizure?** _____ **Last Occurrence?** _____
Known triggers? _____ **Medications?** _____
- **Other known medical conditions / medications?** _____

- **Behavioral Issues we should be aware of?** _____

- **Anything else you would like to share with us?** _____

Your Dog's Gonna Love it!