



Dog Daycare Agreement

Veterinary Treatment

In the event that your dog becomes ill while he is in the care of Cape Cod Pet Resort, we will attempt to contact you. If you are not available, we will attempt to contact your veterinarian. Should your dog doctor require veterinary attention, and the time exists to safely transport your dog to your regular veterinarian, we will do so. However, we may at Cape Cod Pet Resort, take your dog to Falmouth Animal Hospital or the veterinarian of choice. It is understood that all expenses incurred due to your dog's illness or accident must be paid in full at the time you pick up your dog from Cape Cod Pet Resort. We will not bill you or accept partial payment.

I, _____, authorize Cape Cod Pet Resort and its representatives to obtain medical treatment in the event of an illness or accident for the following canine: dog's name: _____ breed type: _____.

I give the attending veterinarian permission to start medical treatment. In the event that the medical expenses are likely to exceed \$ _____, I request that a Cape Cod Pet Resort representative, or the attending veterinarian, contact me before any further treatment is done. I agree to reimburse Cape Cod Pet Resort for any and all expenses incurred for the medical treatment of my dog. Payment will be made upon receipt of medical statement.

Signature: _____ Date: _____

Previous Bite History (Please complete part A or B)

A. To the best of my knowledge, my dog named _____ and breed type _____ has never bit (broken the skin) any person and has no record with the city government or animal control of a vicious dog attack.

B. The following dog named _____ and breed type _____ has bitten a human. Please describe in detail the circumstances that surrounded the incident. Attach a separate sheet if necessary. _____

I/We agree to hold Cape Cod Pet Resort, its members, directors, officers, agents and owner or lessor of the premises and any employees of the aforementioned parties, harmless from any and all claims for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of my dog and I/We personally assume all responsibility and liability for any such claim and I/We further agree to hold aforementioned parties harmless from any claim for loss of my dog by disappearance, theft, death or otherwise and from any claim or damage or injury to the dog whether such loss, disappearances, theft, damage or injury be caused or alleged to be caused by the negligence of the organization or any of the parties aforementioned, or by the negligence of any persons /person, or any other cause or causes. I/We assume the sole responsibility for and agree to indemnify and save the aforementioned parties harmless from any and all loss and expense (including legal fees) by reason of liability imposed by law upon any of the aforementioned parties for damage because of bodily injuries, including death at any time resulting there from or sustained by any person or persons, including myself (ourselves), howsoever such injuries, death or damage to property may be caused and whether or not the same may have been caused or alleged to have been caused by the negligence of the aforementioned parties or any of their employees, agents, trainers, or any other persons. I will not charge Cape Cod Pet Resort or representatives with punitive damages. I certify that I am the actual owner of the dog, or I am the duly authorized agent of the actual owner whose name I entered above. I have read and understand all of the statements in this agreement and agree to be bound in the above agreements. I agree to meet all of the financial requirements.

Signature: _____ Date: _____

Printed Name: _____ Dog's Name: _____