

I _____ Agree to the following relating to my dog's care at
Gnaw Bone

1. I agree that my dog is current with the following vaccinations: Rabies -1 to 3 years, Bordetella (kennel Cough)- renew every 6 months, DAHLP-Parvo (leptophos Not needed)- Given at least 24 hours to 7 days every year. Canine influenza- every year, Monthly-flea, tick and lice Preventive medication and negative fecal test- Within the past 6 months. I will keep the vaccines flea, tick and lice preventive and fecal test current while my dog is in the care of Gnaw Bone I authorize my Veterinarian to release all information regarding the status of vaccinations and other preventives for my dog. I further understand that even if my dog is vaccinated for kennel cough and canine influenza there is a chance that my dog can still contract these diseases. I agree that I will not hold gnaw bone responsible if my dog contracts kennel cough or canine influenza. _____ (Initials)
2. I understand that gnaw bone requires fecal testing for giardia every 6 months and agree that we can contact your pets vet for their health information. _____ (Initials)
3. I understand that it is required that my dog be spayed/neutered to enroll at Gnaw Bone. _____ (Initials)
4. I authorize Gnaw Bone to arrange emergency veterinary care, Releasing Gnaw Bone from all liabilities relating to transportation, treatment, and expenses. Should My Specified Veterinarian be unavailable, I authorize Gnaw Bone to engage the service of a veterinarian of it choice. If I cannot be reached in a timely manner. I authorize Gnaw Bone to approve Medical and/or emergency treatment as recommended by a veterinarian. I will reimburse Gnaw Bone For any Expenses Included. _____ (Initials)
5. In daycare, Gnaw Bone will contact me with any medical issue that arise. _____ (Initials)
6. I understand that it is required that my dog is on a flea, tick and lice control program. If any flea, ticks or dog lice are found on my dog. I authorize Gnaw Bone to treat my dog for fleas, ticks and lice as deemed necessary by bath and/or treatment application. I understand that I will be contacted prior to any treatments, and I am responsible for the cost of such services. _____ (Initials)
7. I (or my homeowner's insurance) will be responsible for any injury (i.e. Dog Bites or scratches regarding medical attention) To Gnaw Bone principals, employees, agents or representatives. Due to my dog's actions or the conditions of my house/ Premises. _____ (initials)

8. I agree that if my Dog is the cause of any injury or death to another animal or cause of damage to the property at 519 S. Main street Hailey Idaho, I shall be fully legally responsible for the cost of any such injury, death, or damage. I agree to fully indemnify Gnaw Bone, its principals, employees, agents, representatives, successors, and assigns for any cost losses, or legal expenses incurred in the defense of any personal injury or any other claims including claims for negligence, brought by myself or a third party arising from or related to my actions or the actions of any dog while on the premises or in the custody of Gnaw Bone. I have read this paragraph and understood the consequences of any aggressive/ destructive behaviors of my dog. _____ (initials)
9. I understand that Gnaw Bone needs to monitor our noise level in the neighborhood. I further understand that if my dog creates a disturbance with constant/ Continuous barking, Gnaw Bone reserves the right to use control devices or program on my dog as necessary. I have read and understand the importance of discouraging constant/ continuous barking _____ (Initials)
10. I understand that gnaw bone encourages dogs to socialize, exercise and that like children on a playground. I fully realize that illness/ injury can reasonably be foreseen when a group of dogs are playing together, even when supervised. Gnaw Bone's sole responsibility with regard to my dog is to act with reasonable care. I agree that if Gnaw Bone acted reasonably, I shall not bring any claim, suit, or action of any kind against Gnaw Bone arising out of the illness, injury or death of my dog (whether such illness, injury or death is discovered while the dog is in custody of Gnaw Bone or afterwards). I also realize that the fences at Gnaw Bone are approximately six feet high and I understand that my dog has the ability to jump/climb a fence of this height. I am liable if my dog escapes. _____ (initials)
11. If my dog is not picked up by the end of the day the business day or scheduled pick-up time, I authorize Gnaw Bone to take whatever action it deems appropriate for the continuing care of my dog. I further agree to pay the cost of such care as provided by the Gnaw Bone upon demand. I understand that Gnaw Bone closes at 7:00 pm. _____ (Initials)
12. Occasionally grooming can expose a hidden medical problem or aggravate a current one. This can occur during or after grooming. I have read and understand this. If your pet is severely tangled or matted, it is at greater risk of injury, stress and trauma. All precautions will be taken to avoid this. I have read and understand this possibility of a nick or clipper burn during grooming. _____ (Initials)

I Certify that I have read and understand the rules and regulations set forth on the preceding pages and that I have read and understand this agreement. I agree to abide by the rules and regulations and accept all the terms, conditions and statement of this agreement.

Client's Signature _____ Date _____