

Standard Release Form

At Happy Paws the safety of your dog is our number one priority. Insuring that your dog is safe and cared for comes first and is taken very seriously.

After each statement, please initial that you have read and understand the statement. At the end of this document, please sign your name with the date to confirm you have read and understand the terms of this release form. Any reference in this document stating "I" include yourself, your beneficiaries, your heirs and personal representatives. Any reference to "Happy Paws" include its officers, shareholders, directors, employees, volunteers, assigns, successors and agents.

1. I understand that Happy Paws relied on the information I provide that my pet is in good health, up to date with vaccinations according to their veterinarian's recommendations and is sociable with other animals and people and has not displayed threatening behaviours towards any other animal or person. _____
2. I understand and agree that there are risks when socializing my dog. I agree that the benefits outweigh the risks and I accept all risks. I understand that while Happy Paws is 100% supervised, there is still a possibility that my dog may be injured while playing. _____
3. I understand and agree that Happy Paws is not liable for injuries to my dog myself or damage to my property while my pet is in their care. By signing I release Happy Paws from any and all liability of any kind which my dog or myself may suffer while participating in any services at Happy Paws. _____
4. I understand and agree that any problems with my dog including, but not limited to, medical, behavioral or otherwise will be attended to as deemed best by Happy Paws. I understand and agree that Happy Paws has my pet's best interest in mind while making all decisions while they are in their care. I understand that I am financially liable for any expenses involved regarding the behavior and health of my dog. _____
5. In the unlikely event that a medical emergency arises while your pet is in our care at Happy Paws, it is of utmost importance that we immediately get him/her professional veterinary treatment. I understand that if a medical emergency arises, Happy Paws may seek immediate attention. I authorize Happy Paws to seek immediate medical attention from the closest licensed veterinarian and I may be financially responsible for the treatment my pet receives. I understand that after medical treatment has been secured I will be notified; I understand that this process is to avoid delay. _____
6. I understand and agree that a few of the risks of a mixed pet environment are, but not limited to; kennel cough, minor scrapes and cuts and colds and flus. I understand and agree that Happy Paws makes every effort to ensure that all pets entering the facility are in good health and require veterinary records. I understand that Happy Paws is not responsible for my pet contracting any viruses or infections. _____
7. I understand that by allowing my dog to participate in services at Happy Paws they may take photographs of and use images of my pet in print, online or otherwise for promotion and/or publication. _____

I fully understand this Release Form and am satisfied with the information provided. I have no questions prior to signing this Release below. I am the legal owner or authorized agent for the owner of this pet indicated below, and I am over 18 years of age.

Dog(s) Name(s): _____

Owner's Name: _____ Date: _____

Signature: _____