



<p>For Office Use Only</p> <hr/> <hr/> <hr/> <hr/>

PLAYTIME WAIVER

This agreement shall remain in effect for my pet for each visit to Howling Woods K9.

OWNER: _____ PET NAME: _____

Please read and understand the following information carefully:

1. I represent that I am the legal owner or authorized by the owner of the dog indicated on this application.
2. I represent that my dog is in good health, is up to date on all required vaccinations including Rabies, Distemper, and Bordetella, is free of flea & ticks, and has not been exposed to or shown any symptoms of illness within the last 30 days.
3. I understand that vaccines will not always shield my pet against illness, and that in the unforeseen circumstance my pet becomes ill while in the care of Howling Woods K9, or following departure, I will not hold Howling Woods K9, its owners, staff, or volunteers, liable for any of my pet's medical attention costs.
4. I understand there are risks associated with the socialization of dogs, and I agree that the benefits outweigh the risks.
5. I authorize Howling Woods K9, in their sole discretion, use their best judgement in determining if my pet is a good fit for group play, or would be better suited with one-on-one playtime. They have my authorization to remove my pet from group play if for any reason they deem it necessary. I understand the safety and well-being of all pets and people involved is top priority.
6. I further understand that I will be provided updates on my pet's behavior at pick up and/or throughout their stay at Howling Woods K9.

I certify below that I have read, understand, and agree to the above Terms and Conditions set forth by Howling Woods K9.

X

X

Owner Signature

Date