## Waiver and Medical Authorization



www.country-kennels.net 253-535-9314 contact@country-kennels.net

I, the undersigned owner of a dog(s) listed below, do hereby release, indemnify and forever hold harmless Country Kennels, its employees, officers, investors, agents, subcontractors, customers, visitors, volunteers, property owners, and associates from any and all liability (including attorney's fees) and claims or damages arising out of or connected with injuries, illness, loss, damage or other harm to myself, my pet, my property, and my guests and invitees, mild or severe, which arise in any way out of services and/or products provided by or as a consequence of my association with Country Kennels.

I acknowledge that pets are unpredictable in behavior, and I understand that injuries to my pet, myself, and my guests might reasonably be unforeseen to result from my pet's attendance and participation with Country Kennels.

□ I am fully aware that Country Kennels encourages off-leash socialization and interaction of dogs in its custody and care and accordingly I assume any and all risks related to Country Kennels performance of its services, including but not limited to bites, bodily injury, damages, claims and expenses that may occur as a result of my pet's actions or interactions with other pets.

 $\Box$  I choose to withhold my dog(s) \_\_\_\_\_\_ from participation in the daycare/playgroup program at this time. I understand that I have the right to register my dog(s) for this program at a later date, so long as they meet all requirements for daycare/playgroup participation.

I authorize Country Kennels to contact my veterinarian in order to confirm health, temperament and vaccinations. If, in my absence, my pet should be injured, become ill or suffer an ailment or is otherwise deemed by Country Kennels to require immediate medical attention, by my signature below Country Kennels is authorized to utilize the services of my veterinarian or another licensed veterinarian. Country Kennels, in its sole discretion, is authorized to make health care decisions on my behalf, and may utilize the services of a licensed veterinarian to administer medicine or give other requisite attention to the pet. I understand that I will be responsible for any and all charges with respect to such veterinary care. Further, should I be required to take my pet to a veterinarian after an excursion or visit with Country Kennels, I shall be responsible for any and all veterinary or other charges; Country Kennels shall in no way be responsible for expenses incurred. I hereby indemnify Country Kennels from any action, claim, demand or lawsuit (including attorney's fees) arising out of or connected with the charges made by any veterinarian caring for my pet.

Statutory abandonment under RCW 16.54 is deemed to occur when: 1) my pet has been placed in Country Kennel's custody for an unspecified period of time, and I do not remove it within fifteen (15) days of receiving notice to remove; 2) my pet has been placed in Country Kennel's custody for a specified period of time and I do not remove it at the end of the specified duration; <u>or</u> 3) I fail to remit full payment to Country Kennels for its services. In the case that my pet is statutorily abandoned, I authorize Country Kennels, by my signature below, to deliver my pet to any humane society able to care for my pet, or any other Pierce County operated or affiliated pound.

I hereby certify and represent that my pet is in good health and has not been ill with any communicable condition in the last 30 days. I also represent that my pet is current on its required vaccinations. I understand that Country Kennels reserves the right to refuse service for any reason at any time.



## Waiver and Medical Authorization

www.country-kennels.net 253-535-9314 contact@country-kennels.net

I certify and represent that all of the information provided to Country Kennels in writing or otherwise relating to myself and to my pet is true and correct.

I agree that my name and the likenesses of myself or family members and my pet may appear on Country Kennels website, advertising, printed material, promotional videotapes, news programs and/or other press, magazine, radio, television and/or internet coverage from time to time. I understand that while my pet is in the care of Country Kennels, pets are occasionally photographed and/or filmed for promotional materials and I hereby give my permission for such activities and any resulting publication of my pet's image.

I specifically represent that I am the sole owner or agent of the owner of my pet, and that I am authorized to board the pet and sign this contract. I will immediately notify Country Kennels of any changes to what I have represented above.

By signing below, I acknowledge that I have read, understand and accept the terms outlined above, and I accept exclusive and sole responsibility for these and all other risks and release Country Kennels of all liability, no matter the cause.

Pet's Name

Owner signature	Print name	Date
Country Kennels employee signature	Print name	Date

**Employee Position**