

Release, waiver of liability and Indemnification

I, _____, execute this Release, waiver of Liability and Indemnification (the "Release") in favor of BARONS DOG HOUSE, INC. its directors, officers, employees, and agents. I understand and agree that in admitting my dog(s), BARONS DOG HOUSE has relied upon my representation that my dogs is in good health and has not harmed or shown aggressive behavior towards any person or any other dog.

I understand that while BARONS DOG HOUSE carefully screens all applications, reviews each dog's health and vaccination history, and monitors each dog's behavior in order to provide quality care and service, dog behavior can be unpredictable and certain illnesses not readily apparent. Accordingly, I hereby release BARONS DOG HOUSE from any and all liability, claims and demands of whatever kind or nature which arise or may hereafter arise from my dog's attendance at BARONS DOG HOUSE. I understand that this release discharges BARONS DOG HOUSE from any liability or claim that I may have against BARONS DOG HOUSE with respect to any injury, illness, or death, either myself or my dog(s) that may result from my or my dog(s)' presence or attendance at the BARONS DOG HOUSE. Furthermore, I will defend, indemnify and hold BARONS DOG HOUSE harmless from any claim in relation to my or my dog(s)' involvement with BARONS DOG HOUSE that may be filed against BARONS DOG HOUSE.

I also agree to repair or replace any and all equipment damaged by my dog while my dog is attending BARONS DOG HOUSE. BARONS DOG HOUSE Shall notify me promptly upon discovery of any such damage.

I understand that while the BARONS DOG HOUSE does its best to provide quality care, it is not necessarily the appropriate environment for every dog. Accordingly, I understand that BARONS DOG HOUSE reserves the right to permanently remove a dog from the daycare at any time.

I certify that I have read and understand the rules and regulations set forth on the preceding page and this Release. I agree to abide by the rules and regulations, and accept all terms, conditions, and statements of this release.

DATE: _____ Owner: _____

Printed Name: _____

DATE: _____ Owner: _____

Printed Name: _____

Phone: _____

Veterinary Treatment

I understand that BARONS DOG HOUSE is committed to creating a safe, healthy, caring environment for my dog. In the event, my dog needs any medical care or attention while my dog is attending BARONS DOG HOUSE, I authorize BARONS DOG HOUSE to arrange for such care if unable to reach me for whatever reason. I understand that I will be responsible for all costs in connection with my dog, including transportation, veterinary, medical, and otherwise. Below is my credit card information to be used expressly for such purposes.

DATE: _____ OWNER _____

Name as printed on card: _____

Credit Card type and number: _____

Expiration date and code: _____