Name of attendee:	Breed:	Weight:	Sex:	Color:	Birthday:
Allergies:					
1. Risk and Responsibility: By edog(s). I acknowledge and volumay occur to my dog(s) while a damages sustained to my dog(s) Owner further understands and illness, injury, death, and /or estimated to my dog of the attending or participating at Data	ntarily assume all risks ttending Daycare. I un- s) during their time at 0 d agrees that neither D scape of Owner's Dog(s nem of any liability of a	s, dangers, and res derstand and agre Charming Paws LLG Daycare nor any of s) provided that re any kind whatsoeve	ponsibilities a e that I am so C. its employee asonable car	associated with a olely responsible es, staff or volunt e and precaution	eny injuries or harm that e for any harm, injury, or eeers, will be liable for any as are followed, and
2. Acknowledgment of Risk Du occur. While all dog interaction acknowledges that scratches, p enrolling their dog(s), the Own	s are closely monitored unctures, torn ligamer	d by staff at Charn nts, and other inju	ning Paws LLO ries may still	C to minimize the occur despite re	e risk of injury, the Owner asonable supervision. By
3. Behavior Requirements : All Paws LLC. No dog displaying ar By enrolling their dog(s), the Oraggression toward, or exhibited immediately inform Charming I participation. (init	ny severe signs of aggrewner represents and well threatening behavior Paws LLC of any change	ession—toward pe varrants that the d against any perso	eople or othe log(s) are in g in or other do	r animals—will b good health and og. The Owner fu	pe permitted. have not harmed, shown irther agrees to
4. Health Certification and Cor and will, at all times while atterare not enrolling any dog that i Furthermore, Owner certifies t disease within the thirty (30) decrease.	nding Charming Paws L s ill or has any conditic hat their dog(s) have n	LC, remain curren on that could pose not been diagnosed	t on all requi a risk to the d with, nor kı	red vaccinations health or safety	. Owner affirms that they of other dogs or people.
V accination	Record must be up to o	date & we must ha	ave a copy on	file prior to adn	nittance.
Owner acknowledges and under communicable illness, including such risks and agrees not to ho any other communicable disease	g but not limited to and ld Charming Paws LLC	y upper respirator	y infection. B	y enrolling, Own	er voluntarily assumes all
Veterinarian information: Clinic:	Phone:		May v	we contact for va	accination records? Y[] N[]
Should my pet be injured or ne event Charming Paw's LLC or its	ed medical attention v	vhile attending Da	ycare, I appro		medical treatments in the
5. Spay/Neuter Requirement: neutered in order to attend Chafrom a licensed veterinary profenrollment or continued partic	arming Paws LLC. Exce essional recommendin	ptions may be mading a delay in the pr	de only if the ocedure. Cha	Owner provides arming Paws LLC	written documentation reserves the right to deny
6. Food and Medication Supply adequate supply of food and at LLC. In the event the provided s	ny necessary medication	ons for their dog(s) for the entii	re duration of th	eir stay at Charming Paws

medication as needed. Owner agrees to promptly reimburse Charming Paws LLC for any such purchases._____(initials)

7. Outdoor Access and Liability: Owner understands and agrees that their area while attending Charming Paws LLC. Owner assumes full responsibility resulting from their dog(s) escaping from the premises. Additionally, Owner agrees that their dog(s) will be on flea and tick prevent months, as required by Charming Paws LLC policy (initials)	ry and liability for any injury, loss, or damage
8. Payments & Packages: Payment for services at Charming Paws LLC is ducash or credit card. Acceptance of checks is subject to the discretion of Chall pre-paid packages are non-refundable and non-transferable for any reafull in advance and are not eligible for any additional discounts.	arming Paws LLC.Owner understands and agrees that son. Discounted packages are offered only if paid in
9. Late Pickup and Continuing Care Authorization: Owner understands are the close of Charming Paws LLC's regular business hours, Owner hereby exactions deemed necessary to provide continuing care for their dog(s). Ow for all costs incurred for such care upon demand. Furthermore, Owner act scheduled, Charming Paws LLC is authorized to proceed in accordance with abandonment of animals(initials)	expressly authorizes Charming Paws LLC to take any ner agrees to promptly reimburse Charming Paws LLC knowledges that if they fail to pick up their dog(s) as
10. Business Hours and Late Pickup Penalties: Owner understands and ag Monday through Friday until 6:30 PM, and Saturdays until 5:00 PM. If Ow designated closing time, the following penalties will apply:	_
First offense: \$10 late pick-up fee, Second offense: \$20 late pick-up be boarded overnight or discontinued from participation at Charm	
In the event of overnight boarding, Owner agrees to assume all costs asso and risk for any substitute diet provided by Charming Paws LLC during the	
11. Costs and Attorney Fees: In the event of a default under this agreeme agreement, Owner agrees to pay all costs incurred by Charming Paws LLC, fees and court costs (initials)	• •
12. Continuing Effect of Agreement: Owner further understands and expr Paragraphs 1 through 11 above shall apply to every occasion on which Ow Paws LLC for daycare, extended boarding, training, or any other services p and effect between the parties until it is cancelled or superseded by a wri Paws LLC (initials)	ner boards or deposits their dog(s) with Charming rovided. This Agreement shall remain in full force
Owner hereby certifies that Owner has read and understands this Waiver above. By signing this agreement, Owner agrees to be bound by its terms	, -
Signature of Owner or Owners Representative Date	
Owners Information:	Owner's Representative Information: (if needed) ex. Nanny or Dog Walker
Name:	Name:
Address:	Best Contact Number:
Address: City: State: Zip code:	Cell [] Home [] Work []
Best Contact Number: Cell [] Home [] Work [] Additional Number: Cell [] Home [] Work [] Email Address:	
Daily Report cards will be sent to this email	
Emergency Contact Person & Phone Number:	