

POOCH PALACE

Liability Waiver

Doggie Daycare / Obedience Training

Hidden Acres Ltd. / West Coast Canine Academy
10485 West Saanich Rd, North Saanich, V8L 5L6

Name: _____

Dog's Name: _____ Age: _____ Breed: _____

Address: _____

Phone — Cell: _____ Home: _____

Other: _____

1. I understand that Hidden Acres Ltd/West Coast Canine Academy relies upon my statement regarding the health of my dog. I understand that it is my responsibility to disclose any of my dog's long standing health issues, required vaccinations and flea treatment to the manager of Hidden Acres Ltd/West Coast Canine Academy.
2. I understand that I have disclosed to Hidden Acres Ltd/West Coast Canine Academy all information regarding any aggression or threatening behaviour by my dog towards any other dog and/or person.
3. I understand that staff, students, and partners of Hidden Acres Ltd/West Coast Canine Academy will not be liable, financially or otherwise, for injuries to my dog, me or any of my property while my dog is participating in services provided by Hidden Acres Ltd/West Coast Canine Academy. I hereby release Hidden Acres Ltd./ West Coast Canine Academy of liability of any kind arising from participation in all services provided by Hidden Acres Ltd./West Coast Canine Academy.
4. I understand and agree that any problems with my dog, be they behavioural, medical or otherwise, will be treated as deemed in the best interest of the animal at the sole discretion of the staff of Hidden Acres Ltd./West Coast Canine Academy. I assume full liability for all expenses incurred as a result of said problems regarding the behaviour or health of my dog.
5. I understand that there are inherent risks and benefits associated with group socialization/interaction of dogs. I agree that the benefits outweigh the risks and I accept those risks. I understand that, although all forms of interactions will be closely monitored by Hidden Acres Ltd./West Coast Canine Academy staff, it is still possible that my dog may incur injury. Any injury will be pointed out by staff upon pick-up at the end of the day. In the case of injuries requiring urgent care I will be contacted as soon as possible.

6. I have provided Hidden Acres Ltd./West Coast Canine Academy my dog's veterinarian contact information, and have given my permission for staff to access emergency medical intervention on behalf of my dog should a scenario requiring intervention arise. I will not hold Hidden Acres Ltd./West Coast Canine Academy liable for any injuries to my dog or expenses incurred.
7. I agree to allow Hidden Acres Ltd./West Coast Canine Academy to take photographs or videos of my pet for publication/and or promotions. (Optional. Please check one: Yes No)
8. I understand that I am solely responsible financially or otherwise, for any harm or damage caused by my dog while my dog is attending any services provided by Hidden Acres Ltd./West Coast Canine Academy.
9. I understand that bark control may occasionally be needed at the discretion of the manager of Hidden Acres Ltd./West Coast Canine Academy, and I give permission to Hidden Acres Ltd./West Coast Canine Academy to implement such control as deemed necessary.

Owner's name: (please print): _____

Owner's signature: _____

Date: _____

POOCH PALACE

Medical Contact and Release Form

DOG'S NAME: _____

In case of emergency, please contact:

Owner: _____

Address: _____

Phone — Cell: _____ Home: _____ Other: _____

ALTERNATE PET CAREGIVER: _____

Address: _____

Phone — Cell: _____ Home: _____ Other: _____

VETERINARIAN: _____

Address: _____

Business Phone: _____

I, the undersigned, give my permission for Hidden Acres Ltd./West Coast Canine Academy to access emergency medical intervention on behalf of my dog should a scenario requiring intervention arise. I realize that my dog's vet may not be the closest option, or available, and give my permission for treatment at other veterinarian facilities.

Owner's Signature: _____