

*(Howls and Meows Pet Sitting LLC)*

## **Boarding Waiver and Consent Form**

This agreement shall apply to all boarding visits by our dog(s) to Howls and Meows Pet Sitting (HMPS)

**Please initial next to every point to indicate that you have read and understand.**

- I represent that I am the legal owner or authorized by the owner of the dog(s) described on this application. \_\_\_\_\_
- I represent that my dog(s) is in good health, is currently on all required vaccinations including flea, tick and dewormed treatment. Is free of flea's, ticks, mites and lice and has not been ill within the past 30 days. \_\_\_\_\_
- I represent that my dog(s) have not attended a kennel and/or daycare facility, with the exception of HMPS, in the last two weeks. \_\_\_\_\_
- I understand that the vaccines are not guaranteed and there is a small risk that my dog(s) may contact a contagious disease or illness. I agree that should this occur, I am responsible for my own pet's care, medical attention and costs. \_\_\_\_\_
- I release HMPS, its staff, owners and any representatives from any and all liability which I or my dog(s) may suffer including but not limited to injury, sickness, damage, or death resulting from participation in boarding. \_\_\_\_\_
- I understand that although all dogs are fully supervised, incidents of injuries may occur from playing with other dogs, which includes but not limited to bites, scrapes scratches and sprains. \_\_\_\_\_
- I represent that my dog(s) is social and has not harmed or shown threatening behavior towards any person or other dog. I understand that HMPS reserves the right to remove

my dog from the play area and play my dog(s) in a separate holding area should my dog(s) display unwanted and/or harmful behavior. \_\_\_\_\_

- I allow HMPS staff to contact HMPS veterinarian should any injuries or illness require medical attention. I agree that I am solely responsible for any medical expenses acquired for my dog(s). \_\_\_\_\_
- I understand that pickup and drop off times are 9am to 7pm Monday through Friday and 11am to 3pm on weekends. There will be an addition charge of \$25 for every hour after hours on weekdays and weekends. \_\_\_\_\_

With my signature below, I certify that I have read and understand the agreement and waiver. I agree to abide by the regulations and accept all terms and conditions as set out.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Dog(s) Name(s): \_\_\_\_\_

\_\_\_\_\_