



# MEMBERSHIP & RELEASE FORM

OWNERS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_

CELL: \_\_\_\_\_ OTHER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

WOULD YOU LIKE TO RECEIVE OUR MONTHLY E-NEWSLETTER: YES / NO

VETERINARY CLINIC: \_\_\_\_\_

AUTHORIZED FOR PICK UP:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

DOGS NAME: \_\_\_\_\_ MALE / FEMALE

BREED: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

SPAYED [F] / NEUTERED [M] / INTACT: \_\_\_\_\_

ALLERGIES / HEALTH CONCERNS: \_\_\_\_\_

BEHAVIOURAL CONCERNS: \_\_\_\_\_

DOGS NAME: \_\_\_\_\_ MALE / FEMALE

BREED: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

SPAYED [F] / NEUTERED [M] / INTACT: \_\_\_\_\_

ALLERGIES / HEALTH CONCERNS: \_\_\_\_\_

BEHAVIOURAL CONCERNS: \_\_\_\_\_



Insuring the safety and wellbeing of your dog is of highest importance to us, and as such we take it very seriously.

Please initial after each statement and sign your name at the bottom to confirm you have read and understand the following (any reference in this document to "I" includes yourself, your heirs, beneficiaries, and personal representatives; any reference to "The Dog Loft Inc" includes its directors, shareholders, employees, agents, volunteers, successors, and assigns):

## RULES & REGULATIONS:

**Behavior:** All dogs must be non-aggressive. Excessive humping is not tolerated. The Dog Loft Inc reserves the right to temporarily or permanently remove any dog from daycare at any time.

**Health:** On admission, all dogs must be up to date on vaccinations as required by law and according to his/her veterinarian's recommendations. All dogs must be free from any condition which could potentially jeopardize other dogs (e.g. Papilloma, lice, fleas, kennel cough, etc.).

**Spay/Neuter Policy:** All dogs must be spayed/neutered at 8 months of age. Some exceptions may apply solely at the discretion of The Dog Loft staff.

## STANDARD RELEASE:

1. I understand that there are risks and benefits associated with group socialization of dogs. I agree that the benefits outweigh the risks and I accept the risk. I understand that while the socialization and play is closely monitored, it is still possible during the course of normal play that my dog(s) may be injured. \_\_\_\_\_

2. In the event a medical emergency arises while your dog(s) is in our care, it is imperative that we are immediately able to get him/her medical treatment. I understand in the event of a medical emergency that The Dog Loft Inc, at its sole discretion, deems to require the immediate attention of a licensed veterinarian; I authorize The Dog Loft Inc to seek medical attention at the closest available veterinary facility and I will be financially responsible for any medical treatment my dog receives. I understand I will be notified after medical treatment has been secured to avoid delay. \_\_\_\_\_

3. I understand that The Dog Loft Inc will not be liable, financially or otherwise, for injuries to my dog, myself, or any property of mine while my dog(s) is in the care of The Dog Loft Inc. I specifically, without limitation, agree to fully indemnify The Dog Loft Inc for any and all such liability, claims, suits, actions, losses, injury, or damage of any kind which I or my dog(s) may suffer arising from my dog's participation in any services provided by The Dog Loft Inc. \_\_\_\_\_

4. I understand and agree that any problems with my dog(s), medical, behavioral, or otherwise, will be treated as deemed best by staff of The Dog Loft Inc and in what they view as being in the best interest of my dog(s). I assume full financial responsibility for all expenses involved regarding the behaviour and health of my dog(s). \_\_\_\_\_

5. I understand by allowing my dog to participate in services offered by The Dog Loft Inc, I hereby agree to allow The Dog Loft Inc to take photographs, videos, or use images of my pet for publication and/or promotion. \_\_\_\_\_

I understand this release and am satisfied with the information provided. I agree to comply with the rules and regulations set impart by The Dog Loft and I have no questions prior to signing below. I am the legal owner, or agent for the owner, of the dog(s) indicated below and I am 18 years of age or older.

Dogs Name(s): \_\_\_\_\_ Breed: \_\_\_\_\_

Owners Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_