

Agreement, Disclaimer and Waiver

Guardian/Owner's Name _____

Dog's &/or Cat's Name(s) _____ Breed _____

Emergency Contact Number where we can reach YOU: _____

Please provide us with a local emergency contact person that will be available in your absence and has permission to accept or decline emergency medical care for your pet.

Name: _____ Phone # _____ Authorized to pick up pets

Name: _____ Phone # _____ Authorized to pick up pets

List **ANYONE** who has authorization to pick up your pet(s):

Name: _____ Phone # _____

Name: _____ Phone # _____

Name: _____ Phone # _____

PLEASE READ THIS CAREFULLY.

It affects any rights you may have if you, your dog(s)/cat(s), or anybody you bring along to our facility is injured or otherwise suffers damages while participating in grooming, doggy daycare, and boarding at Swift Creek Pet Resort/Swift Creek Animal Hospital. It also states your responsibilities regarding fees and expectations associated with grooming, doggy daycare, and boarding at Swift Creek Pet Resort/Swift Creek Animal Hospital.

I, _____ (participant/guardian of dog(s)/cat(s) hereby agree to the following covenants described below regarding the grooming, doggy daycare, and boarding program at Swift Creek Pet Resort/Swift Creek Animal Hospital.

I further release, waive, discharge and covenant not to sue Swift Creek Pet Resort/Swift Creek Animal Hospital and any of the officers, servants, agents, employees and volunteers of the above-mentioned entities (hereinafter referred to as RELEASEES) for any liability, claim and/or cause of action arising out of or related to any loss, damage or injury, including death, that occurs as a result of my participation in the below-described activities.

1. Participation in grooming, doggy daycare, and boarding is voluntary. We reserve the right to excuse any dog from grooming, daycare, or boarding at any time for negative behavior.
2. It is the participant's choice to bring other people to the grooming and daycare area at his or her risk and it is the participant's sole responsibility to ensure their safety and well-being.
3. RELEASEES do not guarantee a dog's/cat(s) behavior at any time, during or outside of grooming, daycare, and boarding. We can only evaluate and supervise to the best of our ability.
4. I further understand that Swift Creek Pet Resort/Swift Creek Animal Hospital has relied upon my representation that my dog(s)/cat(s) is in good health and has not injured or shown aggression or threatening behavior to any person or dog/cat in admitting my dog/cat for services at their facility.
5. Participating dogs and cats are to be current on their vaccinations.
We require a current DHPP vaccine (1 or 3 year), Bordetella (6 month) and Rabies vaccine (1 or 3 year) if the dog is old enough. We require a current Feline Distemper vaccine (1 or 3 year) and Rabies vaccine (1 or 3 year) if the cat is old enough. By signing this agreement, you certify that your dog and/or cat is current on his/her vaccinations.
6. RELEASEES are not responsible for any incident or accident arising from the travel to the grooming, daycare, and or boarding sessions or after leaving grooming, daycare, and or boarding.

7. Swift Creek Pet Resort/Swift Creek Animal Hospital hereby has permission to use any photos taken of you and/or your dog/cat during grooming, class, and or boarding for advertising purposes. Names of owner(s) and/or participant(s) will not be printed or released. However, you give us permission to use your pet(s) name.
8. Grooming dogs/cats will be supervised at all times while in the bathtub and on our grooming tables. However, I understand that dogs/cats can be unpredictable and injury can occur in the grooming/bathing process. By signing below, I'm giving permission for my dog(s)/cat(s) to be groomed/bathed. I understand that there are risks and benefits associated with grooming/bathing my pet. I agree that the benefits outweigh the risks and that I accept the risks.
9. Daycare and boarding dogs will be supervised at all times during outdoor playtimes. However, any time groups of dogs play off leash together there is a chance for injury. By signing below I'm giving permission for my dog(s) to play off leash with other dogs and play on agility equipment while in the daycare facility. I understand that there are risks and benefits associated with group socialization of dogs. I agree that the benefits outweigh the risks and that I accept the risks. I desire a socialized environment for my dog while attending the services provided by Swift Creek Pet Resort/Swift Creek Animal Hospital and while in their care. I understand that while the socialization and play are closely monitored by Swift Creek Pet Resort/Swift Creek Animal Hospital staff to prevent injury, it is still possible that during the course of normal play my dog may receive minor nicks and scratches from roughhousing with other dogs.
10. I further understand that RELEASEES will not be liable, financially or otherwise, for injuries to my dog and/or cat, me or any property of mine while my dog(s)/cat(s) is participating in services provided by Swift Creek Pet Resort/Swift Creek Animal Hospital. I hereby release Swift Creek Pet Resort/Swift Creek Animal Hospital of any liability of any kind arising from my dog(s)/cat(s)'s participation in any and all services provided by RELEASEES.
11. I further understand that I am solely responsible, financially or otherwise, for any harm or damage caused by my dog(s)/cat(s) while my dog(s)/cat(s) is attending any services by RELEASEES.
12. I further understand and agree that any problems with my dog(s)/cat(s), behavioral, medical or otherwise will be treated as deemed best by staff and/or Swift Creek Pet Resort/Swift Creek Animal Hospital at their sole discretion, and in what they view as the best interest of the animal. I understand that I assume full financial responsibility and all liability for any and all expenses involved in regards to the behavior and health of my dog(s)/cat(s).
13. If your dog(s)/cat(s) does become ill or injured in what is deemed by RELEASEES as non-emergency, and we are unable to reach you, please indicate your wishes below:

Please perform any services the doctor deems necessary for the best care of my pet until someone can be reached.
 I authorize up to \$_____ to be spent on such medical services.

Do not administer any non-emergency medical services until specific authorization is given.

Please indicate your wishes below; should your animal require lifesaving treatment, relieve immediate discomfort or resolve an important medical condition. \$300 \$500 \$1000 Unlimited (PLEASE CHECK AMOUNT)

FAILURE TO CHECK THE ABOVE WILL RESULT IN RELEASEES BEING UNABLE TO PROVIDE MEDICAL TREATMENT TO INCLUDE BUT NOT LIMITED TO LIFE SAVING PROCEDURES, WHICH COULD RESULT IN THE DEATH OF YOUR PET.

*** Should Swift Creek Animal Hospital be closed pets will be transferred to the VEC for emergency medical care and the above information will be used until an Owner or Emergency contact can be reach to authorize more care if necessary**

14. If during my pets stay, it rains and/or my dog becomes excessively dirty, I authorize the RELEASEES to:
 - Give my dog a "Rain Bath" Do NOT give my dog a "Rain Bath"
15. I understand that if my dog(s)/cat(s) is not picked up on time or by a date specified in a separate agreement I hereby authorize RELEASEES to take whatever action is deemed necessary for the continuing care of my dog(s)/cat(s). I will pay RELEASEES the cost of any such continuing care upon demand by RELEASEES. I understand that if I do not pick up my animal, RELEASEES will proceed according to guidelines provided by Chesterfield County, VA Animal Services. I also acknowledge that I will be fully responsible for all attorneys' fees and associated costs if I abandon my dog(s)/cat(s).
16. Has your dog ever tried to jump/climb a 6' fence? Yes No
17. Would you like your dog to have supervised, off leash play time with other dogs? Yes No
18. Has your pet ever bitten anyone? Yes No. If yes, please explain in detail. _____

19. Leaving personal belongings (i.e. toys, beds, etc.) is allowed. As the owner, I am aware that RELEASEES ARE NOT responsible for any items lost or damaged. If soiled, RELEASEES will wash these items for sanitation purposes and sometimes the items don't hold up in the washer or dryer. Also, pets often chew up their belongings while boarding.
20. LIST PERSONAL BELONGS LEFT WITH PET

21. On and around major holiday's we will be charging an additional \$2 per night / per pet.
 The major holidays will be: New Year's Day, Spring Break / Easter, Memorial Day, July 4th, Labor Day, Thanksgiving, and Christmas. Calendars for an exact breakdown for the holiday rates are available through our website or at our front desk. The additional \$2 per night will apply to the dates that are in black.

22. Pets staying over the holidays will require an \$18 reservation fee in order to hold to reservation. Reservations may be canceled 48 hours prior to the first date of the reservation in order to receive a refund. Those who attend the reserved dates will be credited to \$18 upon invoicing the account for their stay.

By signing this Disclaimer, Agreement and Waiver, I state that I have read and understand the conditions set forth in this Disclaimer, Agreement and Waiver and that I agree to all conditions set forth herein, and that I sign this voluntary.

Signature		Date
Printed Name		Date

*****Resort employee who checked in the client: _____ Initial*****

Patient MA Sticker

DETAILED FEEDING INSTRUCTIONS

Pet's Name	AM		Lunch		PM		Special Instruction
	Amount	Resort/Owner (Circle One)	Amount	Resort/Owner (Circle One)	Amount	Resort/Owner (Circle One)	
		Resort/Owner		Resort/Owner		Resort/Owner	
		Resort/Owner		Resort/Owner		Resort/Owner	
		Resort/Owner		Resort/Owner		Resort/Owner	
		Resort/Owner		Resort/Owner		Resort/Owner	

*Should your pet run out of owner food Swift Creek Pet Resort to feed them resort food (Purina EN Sensitive Skin and Stomach)

*Should your pet begin to show signs of diarrhea Swift Creek Pet Resort will begin to administer Purina ProPlan FortiFlora probiotic

1) Dry/Can/Both or Other _____

If other, please state _____

2) Does your pet have ANY food allergies _____

If yes, what is your pet allergic to? _____

3) Any other feeding instructions

4) Is your pet on any Medications _____

If yes, there is a \$2.25 charge each time medication is given **(Insulin is \$8 per day)**.

MEDICATION NAME	DOSAGE TO BE GIVEN	# OF TIMES TO BE GIVEN	TIMES TO BE GIVEN

5) Any other medication instructions

*****Resort employee who checked in the client: _____ Initial*****