

I UNDERTSAND THAT:

Participation in Petra's Dog Resource Center dog training, as day care, boarding, or private lessons, is not without risk, that despite all the dogs appearing healthy, and being handled with the greatest amount of care and foresight, dogs are not always predictable and the unexpected may occur. I certify that my dog is up to date on all required vaccines and appears to be free of contagious disease, including external parasites. I hereby assume any and all risks that would customarily and ordinarily occur by my participation in dog handling, dog movement or activities onsite, and consent to a release to the benefit of Petra's Dog Resource Center in consideration for my acceptance and participation in the program. I hereby waive and release Petra's Dog Resource Center, its employees, owners and agents of any and all claims made by me, any family member, or any other person accompanying me while on the grounds, surrounding area, or off premises thereto and resulting from participation in Petra's Dog Resource Center dog training including specifically, but without limitation, any injury or damage resulting from the action of any dog, including my own. I further agree to pay veterinary / medical expenses incurred as a result of injury caused by my dog(s). I give Petra's Dog resource Center permission to seek veterinary care if necessary for my dog(s) at my expense, however, I will not hold Petra's Dog Resource Center responsible if they fail to seek veterinary care.

Signature of Agreement: By signing below I agree to the terms of the above agreement, which will apply now and, in the future, whenever I visit Petra's Dog Resource Center.

OWNER'S SIGNATURE: _____ **Date:** _____

VET RELEASE:

During my absence, Petra's Dog Resource Center will be caring for my pet(s). In the event of an emergency, I authorize you (veterinarian) to administer medical treatment and will be responsible for payment to you (veterinarian). I give Petra's Dog Resource Center permission to transport my pet(s) to a veterinarian of their choice in the event of an emergency or sickness and receive any information pertaining to my pet's condition. I also give permission to release the results to Petra's Dog Resource Center. If emergency care is needed after regular office hours, my pet(s) may be taken to the nearest Veterinarian Emergency Clinic/Hospital. I give permission to provide treatment and I will be responsible for all charges. I agree that Petra's Dog Resource Center is released from all liability related to transportation to and from veterinarian and treatment for sickness or emergency. I hereby permit Petra's Dog Resource Center and its agents to seek medical treatment. I understand that I am solely responsible for payment for any veterinary care provided to my dog by a qualified treatment facility. I understand that if my pet injures another pet, I will be solely responsible for any injury to either or both pets. I also understand that I release Petra's Dog Resource Center, its owners and employees of and from any and all responsibility for, or claims, damages, or debt arising out of or related to such medical care also including but not limited to transportation to/from veterinarian clinic and the care rendered.

Signature of Agreement: By signing below I agree to the terms of the above agreement, which will apply now and, in the future, whenever I visit Petra's Dog Resource Center.

OWNER' S SIGNATURE: _____ **Date:** _____

****OPTIONAL****

Sign here to allow us to take your dog off premises for training purposes:

OWNER'S SIGNATURE: _____ **Date:** _____