

FACILITY AGREEMENT

I understand that all dogs entering MUST LOVE PAWS must be current on the following vaccinations: Rabies, DHLPP, and Bordetella. Proof of vaccinations must be provided to MUST LOVE PAWS upon the first day of attendance. I understand that ANY misrepresentation of my dogs spay/neuter status, shot record, or history of known violence will result in immediate removal of my pet from the facility.

I understand that daycare and open play areas are places where animals co-mingle in groups. I recognize that there are inherent risks of illness or injury when dealing with animals. I understand that any problem or injury that develops with my dog while at MUST LOVE PAWS will be treated as the facility deems is in the best interest of my pet. Staff may wait to inform me of any non-serious injurious/incidents at the end of the day. However, in the event my pet becomes ill or injured to the point of requiring medical treatment, MUST LOVE PAWS will first attempt to contact me, followed by an attempt to contact my emergency contact listed on the enrollment form. If the circumstances are such that immediate treatment is necessary, MUST LOVE PAWS has my permission to contact my veterinarian. MUST LOVE PAWS retains sole discretion on how to deal with emergency matters and I agree to promptly pay for all medical treatments received by my pet, including transportation to an emergency veterinary facility.

I understand and agree that MUST LOVE PAWS (owner, managers, employees, and contractors) will not be liable for any problems, damages or injuries cause by my pet during his/her stay. I understand that I am solely responsible for any harm caused by my dog at MUST LOVE PAWS, weather to other dogs or humans. I agree to do whatever I am able to make right of the situation. I indemnify and hold harmless any claims, losses, or damages against MUST LOVE PAWS as a result of my dog.

I agree that in admitting my dog to MUST LOVE PAWS I have been honest in my disclosure and representation of ALL personal information regarding my dog.

Print Name: _____ Date: _____

Signature: _____