

Unleashed Enrollment Form

CUSTOMER INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____
Email: _____

PET INFORMATION

Name: _____ Breed: _____ Weight: _____ lbs. Color: _____ Birthday: __ / __ / __
____ Sex: _____ Neuter: Yes / No Spayed: Yes / No

Does your pet have any medical issues or allergies? If so, please describe:

Has your pet ever bitten or attempted to bite human? If so, please describe:

Does your pet have any other behavioral issues besides biting? If so, please describe:

Name: _____ Breed: _____ Weight: _____ lbs. Color: _____ Birthday: __ / __ / __
____ Sex: _____ Neuter: Yes / No Spayed: Yes / No

Does your pet have any medical issues or allergies? If so, please describe:

Has your pet ever bitten or attempted to bite human? If so, please describe:

Does your pet have any other behavioral issues besides biting? If so, please describe:

EMERGENCY CONTACT INFORMATION (FAMILY OR FRIEND)

Name: _____ Home Phone: (____) ____ - ____
Cell Phone: (____) ____ - ____

Please list anyone who has permission to pick up your pet(s):

PET PROFILE

Veterinary Name: _____
Phone: (____) ____ - ____

Owner is required to provide veterinary proof of current & updated Rabies and Distemper vaccines.
(Bordetella recommended, but not required) It is the guardian/owner's responsibility to continue to provide
current and accurate vaccinations as pet is updated.

Pet Name: _____
Last Distemper Vaccination Date __ / __ / ____ 1 year: Yes / No 3 year: Yes / No
Last Rabies Vaccination Date __ / __ / ____ 1 year: Yes / No 3 year: Yes / No

Pet Name: _____
Last Distemper Vaccination Date __ / __ / ____ 1 year: Yes / No 3 year: Yes / No
Last Rabies Vaccination Date __ / __ / ____ 1 year: Yes / No 3 year: Yes / No

Unleashed Grooming, Training, Daycare Waiver

This is an agreement between Unleashed and the pet(s) owner (customer). This agreement is meant to detail the parties; rights and responsibilities with regard to the pet(s) dog grooming, daycare stay, or training program.

Please initial where indicated

1. **Requirements & Waiver** - Customer is responsible for any harm caused by his or her dog while the dog is attending Unleashed. Customer shall indemnify and hold harmless Unleashed against any and all claims that may arise from the action of Customer's pet. Customer's pet must be in general good health and customer must present valid shot records. _____
2. **Outstand Balances** - Customer agrees to pay all costs and charges for the services needed, including but not limited to any and all vet costs for the dog during the time the dog is in our care as well as any outstanding balances. _____
3. **Service Responsibility & Fees** - Services must be paid for by cash, check, or credit/debit card at the time of pickup. I understand that all prices quoted prior to the grooming services are only estimates and the final price will depend on coat condition, temperament, and difficulty. _____
4. **Personal Property** - Customer understands that if their pet(s) behavior results in any damage to facility, equipment, or another pets' belongings, Unleashed is not liable and customer is responsible for the full cost of any repair or replacement. Unleashed is not liable for any lost, stolen, or damaged personal property belonging to the owner or pet. _____
5. **Daycare Participation** - Customer understands that Unleashed's Daycare program & Day Training Program offer open group play where dogs are allowed to interact with other dogs under supervised care. Customer accepts all risks associated with such interaction. This includes, but is not limited to, illnesses, cuts, scrapes, injuries, etc. Customer understands that play time is at the sole discretion of Unleashed and dogs may be separated from other dogs or asked to leave for any reason. _____
6. **Veterinary Liability & Care** - In the event that a customer's pet should become ill, appear to need veterinary attention, or pass away while in the care of Unleashed, Unleashed reserves the right to take any and all action necessary to secure the well-being of customer's pet including any veterinary attention deemed appropriate. Either customer's vet or the nearest emergency veterinarian will be contacted should such need arise. Customer agrees to reimburse Unleashed for any and all expenses incurred for the well-being of customer's pet and to pay any associated bills for such care. _____
7. **Medical Note** - Customer understands that a veterinary doctor's note is required in the event that a dog becomes ill with any infection considered contagious that can potentially be detrimental to other dogs at Unleashed prior to returning to Unleashed. _____
8. **Duty to Disclose** - By signing this contract and leaving dog with Unleashed, customer certifies to the accuracy of all information given about dog. Customer also agrees to disclose any and all medical or other condition as that may limit or prevent from participating in services. _____
9. **Abandoned Dogs** - Customer understands that pet(s) may not be abandoned at Unleashed and in the event that a pet is not picked up at designated date and time and sufficient contact information is not provided as to instruction, notification, or plans to pick up pet, pet will be considered abandoned after one day beyond the original departure date. Unleashed will become the legal guardian of abandoned pet and determination will be made to rehome pet. Customer fully understands and agrees that in the event that they abandon their pet at Unleashed, that they will not be able to retrieve possession of pet and have no recourse against Unleashed. _____
10. **Kennel Cough** - Customer is aware that by leaving dogs at Unleashed or any other pet facility there is a risk of contracting kennel cough, viruses, illness, or injuries. Although all pets are required to be Distemper and Rabies vaccinated, no vaccine is 100% guaranteed. Customer understands they will be responsible for any and all medical bills incurred by customer's pet for illnesses or injuries during or after their stay. Bordetella vaccine is recommended, but not Required. _____
11. **Marketing Release** - Customer agrees to allow Unleashed, it's owners, employees, director, and agents to allow their pet's names and any image or likeness of their pet(s) while at Unleashed or any Unleashed event for use at any time in any media, marketing, advertising, illustration, trade, or promotional materials. _____
12. **Refunds** - Customer understands that services including grooming, training, or daycare are Nonrefundable. _____
13. **Training & Daycare** - Females in season will not be able to participate in daycare or training activities until heat cycle has ended. _____
14. **Aggression** - Dogs pronounced aggressive will be prohibited from all

socialization activities and if the trainer or handler or groomer feels threatened and does not wish to continue, no refund will be given. This goes for any dog that inflicts severe threat or contest on any human or other animal. _____

15. **Physical Punishment** - If Unleashed becomes aware of any physical punishment being used on the pet in training, this includes but is not limited to: hitting, forcefully grabbing, the use of unpermitted shock collars (does not include E fencing), prong collars, choke chains, etc. then the training will immediately end and the clients will be fired and no refund will be given. _____

16. **Medical Issues** - I understand that grooming, training, and daycare can expose or aggravate current medical conditions during or after their time at Unleashed. _____

17. **Seniors/Puppies/Cats** - I understand that my senior pet (age 7 or higher), my puppy, and my cat are at a much higher risk of injury. _____

18. **Matted/Overgrown** - I understand that if my pet is severely overgrown, tangled, or matted it is at a higher risk of injury, stress, and trauma. This includes, but is not limited to, nicks, scrapes, clipper irritation, soreness, mental, and physical stress. _____

19. **Fleas** - If we find fleas on any pet, they will automatically be flea dipped and the owner will be charged for the cost of the service. _____

20. **Shedding** - I understand that if my pet is in extreme need of a de-shed and is not able to be properly groomed without receiving one, I will be charged for the de-shed service whether or not I chose it in the service checklist or discussed it with an Unleashed staff member. _____

21. **Appointed Pick up Time** - If a pet is not picked up within 20 minutes of the appointed pick up time a \$20 fee will be added onto the service amount. _____

I, my heirs, and any other assigns, hereby release Unleashed, it's agents, officers, subcontractors, employees, animal owners, pets, and potential pets of Unleashed from any and all liabilities for injuries to myself, my pet, or any other property of mine which arise in any way out of services and or products provided by or as a consequence of my association with Unleashed. I acknowledge and understand that every pet reacts differently while training, socializing, or grooming and animals, by nature, are unpredictable. Pets and animals may, without warning, bite or cause injuries to humans and other pets. I acknowledge and understand that there are certain risks involved in leaving my pet in a cage free environment, including but not limited to pet fights, pet bites to humans and other pets and the transmission of disease. With my signature below, I acknowledge and accept exclusive and sole responsibility and agree to pay for my pet's medical expenses no matter the cause. I also authorize the release of said pet(s) medical record from my veterinarian.

I HAVE READ AND FULLY UNDERSTAND THE TERMS OF THIS SERVICE AGREEMENT AND UNDERSTAND THAT I FULLY RELEASE AND HOLD HARMLESS UNLEASHED FROM ANY CLAIMS, LITIGATION, ACTIONS, SUITS, DAMAGES, COSTS, ATTORNEY FEES, LOSSES, OR INJURIES, ILLNESSES, AS A RESULT OF SUCH CLAIM. I ACKNOWLEDGE GROOMING, TRAINING, AND DAYCARE RISKS AND ACCEPT AND ASSUME ALL RISKS AND RESPONSIBILITIES ASSOCIATED WITH MY PET(S) PARTICIPATION IN ANY AND ALL SERVICES.

Customer Signature: _____ Date: _____

Staff Signature: _____ Date: _____