



Client Agreement

For myself, my heirs and any assigns, I hereby release 4 Paws Unleashed, Inc., its agents, officers, employees, animal parents, customers, and potential customers from any and all liabilities for injuries to myself, my pet, or any other property of mine which arise in any way out of the services and/or products provided by or as a consequence of my association with 4 Paws Unleashed, Inc. no matter the cause. I acknowledge and understand that every pet reacts differently and that animals, by nature, are unpredictable.

I acknowledge that there are certain risks involved in participating in daycare, including but not limited to dogfights, dog bites to humans or other dogs and the transmission of disease.

1. You have the option to name an adult (over the age of 18) as your agent or emergency contact. This person should not be someone who is traveling with you if you are leaving town. If we can not reach you, you authorize us to contact your agent. You agree that your agent shall have full and complete authority to make any and all decisions, including those related to the health of your pet and expenditure of funds, for or on behalf of your pet.

_____ I choose to assign an agent.

Name	Phone
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_____ I decline to name an agent.

2. If your pet(s) becomes ill or injured in what is deemed by our employees a non-emergency, and we are unable to reach you (or your agent if applicable), please indicate your wishes below.

_____ Please perform whatever services the veterinarian deems necessary for the best care of my pet(s) until I or my agent (if applicable) can be reached, regardless of the cost.

_____ I authorize up to \$_____ in medical services to be performed until I or my agent (if applicable) is able to be reached.

_____ Please do not perform any medical services until I or my agent (if applicable) is able to be reached.

3. In the event of an event we deem an emergency.

_____ Please provide whatever services are deemed necessary no matter the cost until such time that I or my agent (if applicable) can be reached.

_____ Please make my pet(s) as comfortable as possible but perform no services in excess of \$_____ until I or my agent (if applicable) can be reached.

_____ Do not administer any medical services until specific authorization is given.

4. In the event the veterinarian has determined that my pet(s) condition is terminal, and I or my agent (if applicable) is unable to be reached.

_____ Do not resuscitate.

_____ Use any and all means available to extend the life of my pet(s), no matter the cost, until such time that I or my agent (if applicable) can be reached.

I authorize my veterinarian to release my pet's records to 4 Paws Unleashed, Inc. I agree to be solely responsible for the payment of all medical bills for my pet as set forth above and release 4 Paws Unleashed, Inc. from any responsibility for all debts or claims arising from medical care.

I have read and understand the statements in the "Information, Rules and Regulations for Doggie Daycare" and "Information, Rules and Regulations for Animal Boarding."

I agree to pay for all services at the time they are rendered. I understand that my pet will not be allowed to partake in any further activities until all bills are paid.

THIS IS A LEGALLY BINDING AGREEMENT. I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT. I HAVE READ AND UNDERSTOOD IT, AND I AGREE TO BE BOUND BY ITS TERMS.

Signature: _____

Print Name: _____

Date: _____