



**SERVICE CONTRACT**

I, \_\_\_\_\_, agree to the following relative to my dog's care at The Bone Adventure.

1. I agree that my dog is current with the following vaccinations: Rabies, DHLPP, and Bordatella (required every six months). I will keep the vaccines current while my dog is in the care of The Bone Adventure. I authorize my veterinarian to release all information regarding the status of vaccinations for my dog. I further understand that even if my dog is vaccinated for Bordatella (Kennel Cough) there is a chance that my dog can still contract Kennel Cough. I agree that I will not hold The Bone Adventure responsible if my dog contracts Kennel Cough. \_\_\_\_\_(initials)

2. I understand that it is required that my dog be spayed/neutered (after age 9 months) to enroll at The Bone Adventure. \_\_\_\_\_ (initials)

3. I authorize The Bone Adventure to arrange emergency veterinary care, releasing The Bone Adventure from all liabilities relating to transportation, treatment, and expense. Should my specified veterinarian be unavailable, I authorize The Bone Adventure to engage the services of a veterinarian of its choice. If I cannot be reached in a timely manner, I authorize The Bone Adventure to approve medical and/or emergency treatment as recommended by a veterinarian. I will reimburse The Bone Adventure for any expenses incurred. \_\_\_\_\_ (initials)

4. If my dog is boarding, I agree to inform The Bone Adventure if I want any changes to the following emergency contact procedure: In the event of a minor injury, such as an ear bite or small puncture wound, I would like The Bone Adventure to handle this without contacting me or my emergency contacts. In the event of a major emergency, I want to be contacted directly. In daycare, The Bone Adventure will contact me with any medical issues that arise. \_\_\_\_\_(initials)

5. I understand that it is required that my dog is on a flea control program. If any fleas are found on my dog, I authorize The Bone Adventure to treat my dog for fleas as deemed necessary by flea bath and/or flea treatment application. I understand that I will be contacted prior to any treatment, and I am responsible for the cost of such services. \_\_\_\_\_ (initials)

6. I (or my homeowner's insurance), will be responsible for any injury (i.e. dog bites or scratches requiring medical attention) to The Bone Adventure principals, employees, agents, or representatives, due to my dog's actions or the condition of my house/premises. \_\_\_\_\_ (initials)

7. I agree that if my dog is the cause of any injury or death to another animal or the cause of damage to the property at 1629 Superior Avenue, Costa Mesa, I shall be fully legally responsible for the cost of any such injury, death, or damage. I agree to fully indemnify The Bone Adventure, its principals, employees, agents, representatives, successors, and assigns for any costs, losses, or legal expenses incurred in the defense of any personal injury or any other claims, including claims for negligence, brought by myself or a third party arising from or related to my actions or the actions of my dog while on the premises or in the custody of The Bone Adventure. I **have read this paragraph and understand the consequences of any aggressive/destructive behaviors of my dog.** \_\_\_\_\_(initials)

8. I understand that The Bone Adventure needs to monitor our noise level in the neighborhood. I further understand that if my dog creates a disturbance with constant/continuous barking, The Bone Adventure reserves the right to use a citronella (not shock) bark control device or program on my dog as necessary. I have read and understand this and understand the importance of discouraging constant/continuous barking. \_\_\_\_\_(initials)

9. I understand that most dogs participating in The Bone Adventure night care program are often sequestered during sleeping hours. I understand this action is taken to ensure safety of all dogs during their stay. \_\_\_\_\_(initials)

10. I am responsible for leaving an adequate supply of food (if the dog is on a special prescription diet) and/or medications for my dog adequate to feed/medicate it during the entire time my dog is provided care by The Bone Adventure. Should the food/medication supply need replacement, I authorize The Bone Adventure to purchase replacement food/medication. I will reimburse The Bone Adventure for the cost of the food/medication as well as a \$15.00 replacement fee. I also agree to organize all food and/or medication by day and time period. \_\_\_\_\_(initials)

11. I understand that The Bone Adventure encourages dogs to socialize, exercise, and that like children on a playground, I fully realize that illness/injury can reasonably be foreseen when a group of dogs are playing together, even when supervised. The Bone Adventure's sole responsibility with regard to my dog is to act with reasonable care. I agree that if The Bone Adventure acted reasonably, I shall not bring any claim, suit, or action of any kind against The Bone Adventure arising out of the illness, injury, or death of my dog (whether such illness, injury or death is discovered while the dog is in custody of The Bone Adventure or afterwards). I also realize that the fences at The Bone Adventure are approximately six feet high and I understand that if my dog has the ability to jump/climb a fence of this height, I am liable if my dog escapes. \_\_\_\_\_(initials)

12. If my dog is not picked up by the end of the business day or scheduled pick-up time, I authorize The Bone Adventure to take whatever action it deems appropriate for the continuing care of my dog. I further agree to pay the cost of such care as provided by the Bone Adventure upon demand. I understand that The Bone Adventure closes at 8:00 p.m. \_\_\_\_\_ (initials)

13. Occasionally grooming can expose a hidden medical problem or aggravate a current one. This can occur during or after grooming. I have read and understand this. If your pet is severely tangled or matted, it is at greater risk of injury, stress, and trauma. All precautions will be taken to avoid this. I have read and understand the possibility of a nick or clipper burn during grooming. \_\_\_\_\_(initials)

14. I authorize The Bone Adventure to maintain my credit card on file and charge purchases and/or services rendered against the card at the prices in effect at time of the transaction. I understand that I am able to request a statement or written invoice at any time and that the majority of business communication is done via email. If my e-mail addresses change, I will notify The Bone Adventure. \_\_\_\_\_ (initials)

I certify that I have read and understand the rules and regulations set forth on the preceding pages and that I have read and understand this agreement. I agree to abide by the rules and regulations and accept all the terms, conditions, and statements of this agreement.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_