



Dog and Cat daycare consent & waiver

Please initial that you have read and understand each point.

1. I represent that I am the legal owner or authorized by the owner of the dog / cat described in the correlating application form.

Initial _____

2. I represent that my dog / cat is in good health, is current on all required vaccinations is free of fleas, ticks, and lice, and as not been ill with any known contagious viruses in the last 30 days.

Initial _____

3. I understand that while my dog / cat is fully vaccinated that vaccines are not guaranteed and there is a small risk that my dog / cat may contract a contagious disease or illness. I agree that should this occur I am responsible for my own pet's care and medical attention.

Initial _____

4. I allow Petsitter Sonas staff to contact my veterinarian or any other accessible vet clinic as deemed necessary should any injuries require medical attention. I agree that I am solely responsible for any medical expenses acquired for my dog / cat.

Initial _____

5. I agree to disclose any previous or current medical issues or concerns of my dog / cat so that Petsitter Sonas staff can make a determination of suitability for daycare.

Initial _____

6. **[Dog Only]** I release Petsitter Sonas from any liability should my dog injure another dog or person and accept medical and legal responsibility for my dog's actions.

Initial _____

7. I agree that my dog may be recorded on camera and its images may be used for Petsitter Sonas promotional material.

Initial _____

8. I release Petsitter Sonas staff from any and all liability which I or my dog / cat may suffer including but not limited to injury, sickness, damage or death resulting from participation in daycare.

Initial _____

With my signature below I certify that I have read and understand the agreement and waivers. I agree to abide by the regulations and accept all terms and conditions as set out.

Date _____

Signature _____

Print Name _____



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MEDICAL RELEASE FORM

This is a required form for all Petsitter Sonas participants receiving services.

First and foremost, the safety and well-being of your pet(s) is of the highest importance. Insuring that your pet remains safe and well cared for is our first responsibility and as such we take it very seriously. We do our best to have our pet parents screen for pre-existing health conditions but some factors may be beyond our control. In the event that a medical emergency arises while a pet is at our facility or participating in a service that we provide it is imperative that we are immediately able to get them medical treatment at the closest available facility. We will call ahead to the veterinary offices in closest proximity geographically to us to insure they can handle the emergency present. Your pet will be rushed to the closest available facility for treatment and you will be notified. We notify the owner after we have secured a medical treatment center for the animal to avoid delays that may be caused by emotion on the part of the owner. Our goal is to get your pet medical attention as quickly as humanly possible, and any distractions may interfere with that process.

For that reason, it is a requirement to have our pet parents sign this form.

I understand that in the event of a medical emergency that Petsitter Sonas, at its sole discretion, deems to need the immediate attention of a licensed veterinarian, I authorize Petsitter Sonas to seek medical attention at the closest available veterinary facility. I further agree that I am financially responsible for any medical treatment my pet(s) receives as a result of a medical emergency while attending services provided by Petsitter Sonas.

Date _____

Signature _____

Print Name _____