

**DISCLAIMER FORM**



OWNER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT #s: \_\_\_\_\_, \_\_\_\_\_

Email address: \_\_\_\_\_

DOG'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ BREED \_\_\_\_\_

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DOG'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ BREED \_\_\_\_\_

Are all of the above dogs spayed/neutered? \_\_\_\_ Yes \_\_\_\_ No, explain \_\_\_\_\_

My veterinarian's name is: \_\_\_\_\_ Phone \_\_\_\_\_

**Please read and initial each item below (this covers all dogs listed above)**

\_\_\_\_ 1. My dog is current on all of the following vaccines: Rabies, DHLPP (distemper, hepatitis, leptospirosis, parainfluenza and parvo virus), and Bordatella (I understand that dogs can contract kennel cough even with a Bordetella vaccination). I do not hold Doe Creek Kennels responsible if my dog contracts any illnesses while boarding. *Please leave a copy of vaccinations with us.*

\_\_\_\_ 2. My dog is currently on flea and tick preventative. I understand that not all flea and tick preventatives are 100% effective, and I do not hold Doe Creek Kennels responsible if my dog has fleas or ticks after boarding.

\_\_\_\_ 3. I attest to the best of my knowledge that my dog has had no physical problems or has not been exposed to any diseases or serious illness in the pass 30 days. IF this is not the case: Please have a veterinarian signed note giving a clean bill of health.

4. Initial ONE: \_\_\_\_ my dog(s) CAN play with others OR \_\_\_\_ my dog(s) CANNOT play with others (Giving permission for your dog to play means that Doe Creek Kennels will make every effort to find your dog suitable playmates. It does not mean your dog will socialize with every dog on the premisis.)

NOTES: \_\_\_\_\_

\_\_\_\_ 5. If my dog becomes injured, I authorize Doe Creek Kennels to treat small wounds, but I do not hold Doe Creek Kennels liable in such instances.

\_\_\_\_ 6. I understand that if my dog needs a veterinarian's attention because of illness or injury, I give Doe Creek Kennels the right to take him/her to any available veterrarian. I understand that I am responsible for any costs incurred for a veterinary visit while in the care of Doe Creek Kennels or after.

\_\_\_\_ 7. My dog has not had any behavior problems that I haven't disclosed to Doe Creek Kennels.

\_\_\_\_ 8. I understand that if my dog is left beyond my agreed boarding date, it is my responsibility to notify Doe Creek Kennels. If they are not notified with in 5 days of stated date, they will be forced to relocate my dog and consider him/ her abandoned.

\_\_\_\_ 9. I understand that all stays require payment upon drop off. Any long term stays will be negotiated on an individual basis.

\_\_\_\_ 10. I do not hold Doe Creek Kennels responsible for blankets, toys or personal items that are lost, buried or destroyed.

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_