



In the event that my pet appears to be ill, injured, or at significant risk of experiencing a medical problem at the start of session or while in the care of Kinetic K9, I give permission to seek veterinary service from a veterinarian or a veterinary clinic. My preferred veterinary services are listed on the attached Questionnaire. Other veterinarians or emergency care clinics chosen by the trainer are acceptable.

I ask Kinetic K9 to inform the attending clinic or veterinarian of my requested total diagnosis and treatment limit of \$_____ per pet / all pets (common values \$200, \$1000, or unlimited). I understand that efforts will be made to contact me regarding any treatments, illness, injury, or potential problems as soon as the condition is deemed not life threatening and/or contact is possible. I understand that Kinetic K9 providers work hard to prevent accidents and injuries, and that such problems may occur no matter how well a pet is cared for. I agree to allow Kinetic K9 providers to use their best judgment in handling these situations, and I understand Kinetic K9 assume no responsibility for the actions and decisions of the veterinary staff, the health, or death of my pet(s).

I will assume full responsibility for the payment and/or reimbursement for any and all veterinary services rendered, including but not limited to diagnosis, treatment, grooming, medical supplies, and boarding. Such payments will be made within 14 days of the initial incident. I also agree to be responsible for all Special Service fees assessed by Kinetic K9 for emergency transportation, care, supervision, or hiring of emergency caregivers, and will pay such fees within 14 days of each incident.

I further authorize Kinetic K9 and my primary veterinarian(s) to share all of the medical records of all of my animals with veterinary clinics in an emergency in the interest of providing the best care for my ill or injured animal(s).

Every dog will be current (per my veterinarians recommendations) on its vaccinations prior to the arrival at Doggie Daycare & Salon. I will also make arrangements to guarantee that each animal will remain current on its rabies vaccinations throughout session. I agree to notify Kinetic K9 of any signs of injury or possible illness before any visit as soon as the condition appears. Kinetic K9 reserves the right to cancel service at any location where a pet with a potentially infectious condition exists. Kinetic K9 strives to provide clean, safe service to each of our clients. In doing so, Kinetic K9 strongly recommends that each pet and large animal be vaccinated, dewormed, and protected from harmful insects according to veterinarian recommended standards.

This agreement is valid from the date below and grants permission for future veterinary care without the need for additional authorization each time Kinetic K9 cares for one or more of my pets. I understand that this agreement applies to all of the pets and large animals within Kinetic K9 care. In signing this contract, I agree that I have the sole authority to make health, medical and financial decisions regarding the animals that will be scheduled to receive service.

Dog's Name: _____

Owner Name: _____

Signature: _____ Date: _____