



## FOUR PAWS INN AUTHORIZATION AND RELEASE OF LIABILITY

Owner (s) Name: \_\_\_\_\_

Address: Street: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

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

Dog Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Dog Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Dog Name: \_\_\_\_\_ Breed: \_\_\_\_\_

In consideration of the dog boarding, grooming and/or dog day care services to be provided to me and my pet which I have identified above (the "Pet") by CDSJM, LLC ("Four Paws"), Cristy Martel, and/or any of Four Paws' agents, representatives or employees, I hereby agree as follows:

1. I represent that I am the legal owner of the Pet and assume all risks, dangers, and responsibility for injuries to my Pet. I also understand that I am solely responsible for any harm, including to any other pet(s), to the employees or invitees of Four Paws, or to the equipment, facilities, or other property of Four Paws caused by my Pet.

2. I authorize Four Paws, its agents, representatives and employees permission and authority, while my Pet is in their custody, to provide medical care to my Pet, including obtaining veterinary care by any veterinary provider if my Pet appears ill, injured, or exhibits any other behavior that would reasonably suggest that they may need medical treatment, including anesthesia. I agree to be fully responsible for the cost of any such medical treatment and for the cost of any transportation for the purposes of such treatment.

3. I acknowledge that activities involving canine boarding, grooming, dog day care, instruction and related services are inherently dangerous, and that by participating in the above activities and receiving services the undersigned or the Pet may experience health risks including, but not limited to, injury, death or disability. In exchange for the services to be provided by Four Paws and the use of any facilities owned or operated by Four Paws, I, on behalf of myself and my legal representatives and assigns, expressly assume any and all of those risks. In furtherance of the foregoing, I hereby release and agree to defend, hold harmless and indemnify Four Paws, its agents, representatives, and instructors from and against any and all liability, claims, expenses, fees, fines, penalties, losses, proceedings, actions and costs thereof (including attorneys' fees and court costs for all actions and appeals therefrom), for judgments, injuries to persons or property (including canines) at law or in equity, of any kind and nature, resulting from or arising out of participation in the services described above.

4. I represent and warrant that my Pet is healthy and will at all times while attending Four Paws have current vaccinations for rabies, distemper and Bordetella and I assume full and complete liability for any medical bills or damages that may be incurred should the Pet not be properly vaccinated by a veterinarian as required by New Hampshire law. I further represent and warrant that my Pet does not have any condition that could potentially jeopardize the health of other dogs or people and has not had any potentially communicable condition within 30 days prior to enrollment. I understands that even if my Pet is vaccinated for Bordetella (Kennel Cough) there is a chance that my Pet can still contract Kennel Cough and I agree that I will not hold Four Paws responsible if my Pet contracts Kennel Cough or other dog to dog transmitted ailments.

This Authorization is signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Owner Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_