

Four Paws Academy Release Form

I understand and agree that in admitting my dog(s) to Four Paws Academy, their staff have relied on my representations that my dog(s) is/are in good health and have not harmed or shown aggressive or threatening behavior towards any person or any other dog.

I further understand and agree that Four Paws Academy staff and volunteers will not be liable for any problems that develop, regarding my dog(s). I hereby release Four Paws Academy, its employees, agents, and volunteers from any liability of any kind whatsoever arising from my dog(s) attendance, care and participation at Four Paws Academy, or in connection with any casualty occurring to my dog(s) or any person, including me.

I further understand and agree that any problems that develop with my dog(s) will be treated as deemed best by staff of Four Paws Academy in their sole discretion, and I assume full financial responsibility for any and all expenses involved.

I understand that I am solely responsible for any harm caused by my dog(s) while my dog(s) is/are attending Four Paws Academy. And I further agree that I am solely responsible for any and all acts or behavior of my dog(s) while in the care of Four Paws Academy.

I agree that my dog(s) will be picked up by myself or a pre-approved agent by closing or my dog will be boarded overnight at the normal rate.

I certify that I have read and understand the policies 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 terms, conditions, and statements of this agreement.

Signature of dog Owner _____ Date _____

Name of dog(s) _____

Health and Temperament Certification

I, _____ hereby certify that my dog(s) _____
is/are in good health and have not been ill with any communicable condition in the last 30 days.

I further certify that my dog(s) have not harmed or shown aggressive or threatening behavior towards any person or any other dog. And that my dog(s) is/are current on the following vaccinations: DHLPP, Bordetella, and Rabies. I also agree to maintain vaccinations and to keep Four Paws Academy apprised of any updates.

Signature of Owner _____ Date: _____