



Agreement & Waiver – Small Paws Social Club

Client's Name:	Pet's Name(s):
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**Please initial each section below and check each checkbox to confirm your understanding and agreement to the terms and conditions set forth herein.*

_____ **Participation & Liability:**

- ☐ I represent that I am of the full age of 18 years, and I am the rightful legal owner of the named pet above to participate in activities and services provided by The Little Dog House.
- ☐ I certify that the above mentioned dog(s) is/are healthy, non-aggressive, non-biting, and has/have never displayed unprovoked aggression, or threatening behavior towards any person or other dog. I understand that my representation of such is relied upon to be true, and I am further aware that the same representation made by owners of other dogs with whom my dog may interact is also relied upon to be true.
- ☐ I understand that The Little Dog House has sole discretion in deciding who can attend, participate, and partake of their activities and services and they reserve the right to restrict, or permanently remove a dog from participation in their activities, or from partaking of their services.
- ☐ Although my dog will be dutifully supervised and cared for should I not be present for a moment, I am aware that the interaction of dogs with people and other dogs has inherent risks and hazards to both pet and person, including, but not limited to: contracting a medical condition, illness, or disease; physical injury, death; loss; and other damage to person or property, and I willingly accept any and all potential risks to person, pet, or property including that to family members and other guests that may accompany me or my dog, and I accept sole responsibility for notifying said family and guests the inherent risks and for obtaining their acceptance of said risks.
- ☐ I assume sole and complete responsibility for the behavior, actions, and general conduct of my dog(s), myself, and any family members or guests that may accompany me or my dog, including being fully and solely responsible for any medical expenses incurred as a result of injury to my dog, my dog's injury of another dog, my dog's injury to a person, or for any consequential costs resulting from any property damage caused by myself, my dog(s), or my family and other guests.

- ☐ Furthermore, I indemnify and agree to hold harmless the owners and their heirs, successors, and assigns from any and all liability for damages to person, pet, or property and all claims by myself or any members of my family, or any other person accompanying me to any function at, or activity put on by The Little Dog House.

Health & Vaccinations:

- ☐ I affirm that my pet has not shown aggression or threatening behavior towards any other person or any other animals.
- ☐ I certify that my pet is in good health without any acute illness or injury, parasite free, non-contagious, and otherwise suitable to safely interact with other dogs without putting their health and welfare at risk.
- ☐ I agree to fully disclose to The Little Dog House any health problems that my pet develops, as soon as I am made aware. I understand the health of my pet is my responsibility. I certify that my pet is up to date on all required vaccinations* (distemper, parvovirus and rabies) and will continue to ensure all vaccinations are up to date for as long as my pet attends The Little Dog House; I am aware that Bordetella vaccine is recommended for dogs, but not mandatory.

**Positive result titre test reports for distemper / parvo, showing continued immunity, accepted.
I agree to provide a Vaccination Certificate or Titre Test report from my veterinarian. Newly vaccinated puppies should not be in the company of other dogs until veterinary permission is obtained by the owner.*

- ☐ I understand vaccinations are not guaranteed and my dog may still pick up a disease for which it has been vaccinated against.
- ☐ I am aware of the risks inherent with the interaction of my dogs with other dogs, including, but not limited to the contraction of parasites, or contagious conditions and diseases, as well as bodily injury, and I accept any and all risks associated with my dog attending playgroups with other dogs.
- ☐ Dog(s) is/are either under 1 year of age, or has been spayed or neutered.
- ☐ Dog(s) receive/s an Annual Wellness Exam by a professional veterinarian.
- ☐ Dog(s) is / are on seasonal heartworm prevention.

Communication & Social Media:

- ☐ I understand The Little Dog House occasionally sends out general emails to all clients, I would like to receive such emails, and I am aware that I can unsubscribe at any time.
- ☐ I give permission that my pet may be photographed, videotaped and/or recorded, and The Little Dog House shall be the exclusive owner to the results and all proceeds of such media.
- ☐ I agree that photographs, videos and any recordings of my pet, my pet's name and my first name may be used for advertising, publicity or any business purposes.

_____ **Booking & Cancellation:**

- ☐ I understand that if I have confirmed attendance to a playgroup session and do not attend without letting the organizers know a minimum of 2 hours before the start time, and the result is a loss of revenue for The Little Dog House, I will be required to prepay all subsequent attendance. If I refuse to prepay a subsequent booking, my membership will be revoked.
- ☐ I understand that there is no refund policy for playgroup fees if I leave early or if I am asked to leave due to inappropriate behaviour from my dog, myself or anyone else who has accompanied me.
- ☐ In the case of an emergency, inclement weather or a natural disaster, I authorize The Little Dog House to use reasonable judgement for the care and well-being of my pet. The Little Dog House will make reasonable efforts to maintain service during these conditions but reserves the right to adjust the schedule of service based on its sole discretion.

****I understand and agree to the terms and conditions outlined in this agreement and waiver that apply to me and my pet participating in activities and services provided by The Little Dog House.***

Client's Name:	Signature:
Date:	

Once form is complete and signed, return by email to smalldogsleepovers@gmail.com or bring to your first social, along with a copy of your dog's current proof of vaccination (with expiration dates).