



Adventure Dog Ranch

14914 2nd Ave NE Marysville WA 98271

Phone: (360) 652-2924

Fax: (360) 652-2928

www.AdventureDogRanch.com

Service Contract

I, _____, agree to the following, relative to my dogs care at Adventure Dog Ranch.

I agree that my dog is current with the following vaccinations: Rabies, DHPP, and Bordetella. I will keep the vaccines current while my dog is in the care of Adventure Dog Ranch. (**ADR requires that your pet be vaccinated for Bordetella every 12 months).

I further understand that even if my dog is vaccinated for Bordetella, (Kennel Cough) There is still a chance that my dog can contract Kennel Cough. I agree that I will not hold Adventure Dog Ranch responsible if my dog contracts Kennel Cough.

I also agree to yearly fecal examinations at my expense, designed to prevent my dog from contracting and spreading parasites or contagious bacterial infections that could potentially infect other dogs. I understand that Adventure Dog Ranch takes great care to minimize the potential that my dog may come in contact with contaminated feces and agree to hold them harmless in the event that my dog may become infected with worms, giardia or other related parasites and infections.

I understand that it is required that my dog be spayed/neutered (after age 9 months) to enroll at Adventure Dog Ranch.

In the event that my dog is injured, I authorize Adventure Dog Ranch to arrange emergency veterinary care, releasing Adventure Dog Ranch from all liabilities relating to transportation, treatment, and expense. I authorize Adventure Dog Ranch to engage the services of the veterinarian of its choice. If I cannot be reached in a timely manner, I authorize Adventure Dog Ranch to approve medical and/or emergency treatment as recommended by a veterinarian. I will reimburse Adventure Dog Ranch for any expenses incurred.

I agree to inform Adventure Dog Ranch if I want any changes to the following emergency contact procedure: In the event of a minor injury, such as an ear bite or small puncture wound, I would like Adventure Dog Ranch to handle this without contacting me or my emergency contacts. In the event of a major emergency, I want to be contacted directly.

I, (or my homeowner's insurance), will be responsible for any injury (i.e. dog bites or scratches that Require medical attention,) to Adventure Dog Ranch principals, employees, agents, or representatives, due to my dog's actions (or the condition of my house/premises if Adventure Dog Ranch is providing Pick up/Delivery Service.)

I agree that if my dog is the cause of any injury or death to another animal or the cause of damage To the property at 14914 2nd Ave NE Marysville, WA, I shall be fully legally responsible for the cost of any such injury, death, or damage. I agree to fully indemnify Adventure Dog Ranch, its principals, Employees', agents, representatives and successors, for any costs, losses, or legal expenses Incurred in the defense of any personal injury or any other claims, including claims for negligence, brought by myself or a third party arising from or related to my actions or the actions of my dog while

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on the premises or in the custody of Adventure Dog Ranch. I have read this paragraph and I understand the consequences of any aggressive/destructive behaviors of my dog.

I understand that Adventure Dog Ranch needs to monitor the noise level in their neighborhood. I Understand that if my dog creates a disturbance with constant/continuous barking, Adventure Dog Ranch reserves the right to discourage it from barking and/or sequester my dog, (if they deem it as necessary.) I have read and understand this and understand the importance of discouraging constant/continuous barking.

I am responsible for leaving an adequate supply of food and/or medications for my dog adequate to feed/medicate it during the entire time my dog is provided care by Adventure Dog Ranch. Should the food/medication supply be consumed and need replacement, I Authorize Adventure Dog Ranch to purchase replacement food/medication. I will reimburse Adventure Dog Ranch for the cost of the food/medication as well as a \$15.00 replacement fee.

I agree that if my dog becomes ill, injured, dies, or and/or escapes while in the custody and care of Adventure Dog Ranch, (whether such illness, injury or death is discovered while the dog is in custody of Adventure Dog Ranch or afterwards), Adventure Dog Ranch's sole responsibility with regard to my dog, is to act with reasonable care. I agree that if Adventure Dog Ranch acted reasonably, I shall not bring any claim, suit or action of any kind against Adventure Dog Ranch arising out of the illness, injury or death of my dog.

Like children on a playground, I fully realize that illness/injury can happen when a group of dogs are playing together, (even when supervised). I also realize that the fences at Adventure Dog Ranch are approximately six feet high. I understand that if my dog has the ability to jump/climb a fence of this height, I am liable if my dog escapes.

If my dog is not picked up by the end of the business day or scheduled pick-up time, I authorize Adventure Dog Ranch to take whatever action it deems appropriate for the continuing care of my dog. I further agree to pay the cost of such care as provided by Adventure Dog Ranch upon demand. I Understand that Adventure Dog Ranch closes at 6:00PM (Monday-Friday and at 5:00PM on weekends and Holidays.)

I authorize my veterinarian to release all information regarding the status of vaccinations and Fecal examination results for my dog(s). The vaccinations that are required by Adventure Dog Ranch are DHPP, Rabies, and Bordetella.

I certify that I have read and understand the rules and regulations 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 I accept all the terms, conditions, and statements of this agreement.

Date: _____ Printed Name: _____

Client's Signature: _____

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