

WOOF LLC (Crate-Escape & Suite-Escape Cambridge/Belmont/Charlestown)

Service Contract

Guardian's Name:

Home Phone:

Work Phone:

Cell Phone:

E-mail

Street Address:

City:

State/Zip

Emergency Contact (who should we call if we can't reach you) Name and Phone #:

Veterinary Facility and phone #:

DOG INFORMATION

Dogs Name:

Breed or Mix & Color

Birthday:

Sex:

Spayed/ Neutered ?

Misc:

2nd Dogs Name (if you have 2 pups):

Breed or Mix & Color

Birthday:

Sex:

Spayed/ Neutered ?

Misc:

How did you hear about us? If you were referred by a friend, tell us who!:

1. Woof LLC will endeavor to create as safe an environment as possible for the care of my dog and will endeavor to offer only sound, safe, and responsible daycare. However, I recognize that Woof LLC is not responsible for any unintentional errors, omissions, or incorrect assertions. I understand that the recommendation of any other product or service is not a guarantee of my satisfaction with that product or service. Further, I am and will remain responsible for the actions of my dog at all times and I hereby agree to indemnify and hold harmless Woof LLC of any and all claims of injury, expense, costs, or damages caused by the actions of my dog while under Woof LLC's care and under my own care as a result of following daycare procedures. I have been told by Woof LLC and understand the inherent risks in owning a dog, including but not limited to the risk of dog bites to myself or others.

Initial:

2. The client authorizes emergency medical care to be provided by the above-named veterinarian or an appropriate alternate to be determined by Woof LLC in the event the client's regular veterinarian is not available. The client will reimburse Woof LLC for any charges related to this emergency care.

Initial:

3. Payment Policy: (100% at initial visit)

4. This contract is validated by the signatures below and as approval for future services without additional written authorization

Signature of guardian

Date of Evaluation