



NAME OF PET(S): _____
DATE OF AGREEMENT: _____(month/day/year)
OWNER'S NAME: _____
ADDRESS: _____(City, State, ZIP)
PHONES: Home:_____Work:_____Cell:_____

Zen K9 PET AGREEMENT

Owner represents that their pet(s) is in all respects healthy and has received all required and customary shots and that said pet(s) does not suffer from and disability, illness, or condition which could affect the pet's or other pet's stay with Zen K9.

Owners must keep a safe distance from their dog(s) at any time while dog(s) is under the care of Zen K9; therefore shall not confront dog(s) on the street or in the park.

ACKNOWLEDGEMENT OF OWNER'S RISKS AND RESPONSIBILITIES

I the undersigned, recognize that there is a risk of injury or illness in any environment associated with live animals. I also recognize the risks and dangers inherent in cageless dog boarding and walking. I recognize that such risks include but are not limited to injuries or illnesses resulting from fights, tough play, contagious diseases, unwanted pregnancies, outside food scraps, uncontrolled dogs on the street and in the park, and traffic accidents. Knowing these inherent risks and dangers of cageless boarding and dog walking, I warrant that I, or the owner for whom I am signing as adult guardian, will abide by all safety rules and instructions. I agree by this contract to assume full responsibility and hold Zen K9 its agents or employees harmless for dog's illness, bodily injury, death, or other damage as a result of any incident, including my, or others' negligence except to the extent that damage or injury may be due to the willful negligence of Zen K9. I further agree to hold Zen K9 harmless and indemnify it against all defense costs, fees and business losses resulting from any claim I may make or cause to be made against Zen K9 for which it, its agents or employees are not ultimately held to be legally responsible.

Zen K9 will always try to reach me in the event of an emergency, but if I cannot be reached, I permit Zen K9 to treat my dog A. S. A. P at a veterinarian of Zen K9's choosing and acknowledge that all bills arising from these services will be my responsibility.

Also allow ZenK9 to use pictures of my dog for further use.

I REPRESENT THAT I MADE FULL DISCLOSURE AND HAVE READ AND UNDERSTAND AND ACCEPT THE TERMS AND CONDITIONS STATED IN THIS AGREEMENT AND ACKNOWLEDGE THAT THIS AGREEMENT SHALL BE EFFECTIVE AND BINDING UPON THE PARTIES

OWNER'S NAME (PRINT)_____

OWNER'S SIGNATURE_____

(IF UNDER 18, YOUR PARENT OR GUARDIAN MUST SIGN)