

Off The Beaten Trail
209 Marylyn Lane
Newark, VT

Liability Waiver and Service Agreement

OWNER INFORMATION *(please print)*

Owner _____ Home Phone _____

Address _____ Work Phone _____

City _____ Cell Phone _____

State _____ Zip _____ Email Address _____

Current Veterinarian: _____ Telephone: _____

Address _____ City: _____ State: _____ Zip: _____

SPECIAL NEEDS (additional charges may apply):

In case of emergency, take my dog(s) to (Veterinarian): _____ Phone: _____

If I cannot be reached during an emergency, please contact:

Name: _____ Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

DOG'S INFORMATION

Dog # 1

Dog # 2

Dog Name _____ Dog Name _____

Breed _____ Breed _____

Color _____ Color _____

Male/Female _____ Male/Female _____

Age _____

Age _____

Spayed/Neutered _____

Spayed/Neutered _____

DOG'S BEHAVIOR

Dog #1

Dog # 2

Has your dog ever bitten another dog? Yes / No

Has your dog ever bitten another dog? Yes / No

Does your dog get along with dogs? Yes / No

Does your dog get along with dogs? Yes / No

Has your dog ever bitten a person? Yes / No

Has your dog ever bitten a person? Yes / No

Does your dog get along with people? Yes / No

Does your dog get along with people? Yes / No

Does he/she rip toys apart? Yes / No

Does he/she rip toys apart? Yes / No

Does he/she follow you in the house? Yes / No

Does he/she follow you in the house? Yes / No

I can take toys away from my dog. Yes / No

I can take toys away from my dog. Yes / No

Dog #1

Dog #2

Current Dog Food _____

Current Dog Food _____

Amount of Food per Day _____

Amount of Food per Day _____

Feeding Times _____

Feeding Times _____

If you have more than one dog, can they eat next to each other? Yes / No

Please acknowledge the following policy statements by initialing at the bottom of each page in the space provided. If you do not agree to all statements, please do not complete this form, and contact Off The Beaten Trail, LLC directly for more information.

LIABILITY

I understand certain "activities" that my dog may participate in, including walks, field trips, playgroups, daycare, boarding, one-on-one play, movement within and outside the facility, and transportation to and from Off The Beaten Trail, LLC involve risk and possible injury, including but not limited to:

Exposure to parasites, viruses, and other medical conditions passed from dog-to-dog or person-to-dog; sprains, strains, bites, broken bones; motor vehicle accident during transportation; and fatigue, dehydration, nicks, cuts, or death.

I further understand that each and every potential risk can not be listed above but, nonetheless I agree that the benefits associated with dog socialization outweigh the possible risks. Therefore, I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify Off The Beaten Trail,

Initials _____

LLC and its agents, successors and heirs from any and all liability, claims, demands, actions, or rights of action, which are related to, arise out of, or are in any way connected with my dog's participation in activities at Off The Beaten Trail, LLC including those allegedly attributable to the negligent acts or omissions of Off The Beaten Trail, LLC and their staff.

Further, I understand that I may be exposed to certain risks when bringing my dog to participate in activities at Off The Beaten Trail, LLC or when picking up my dog from participating in activities at Off The Beaten Trail, LLC. Such risks may include property damage and/or physical injury inside or outside the facility, such as from falling, slipping, illness, and/ or dog bites. Therefore, I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify Off The Beaten Trail, LLC, its agents, successors, heirs from any and all liability, claims, demands, actions, or rights of action, which are related to, arise out of, or are in any way connected with my dog's participation in activities at Off The Beaten Trail, LLC, including those allegedly attributable to the negligent acts or omissions of Off The Beaten Trail, LLC or their staff.

AUTHORIZATION OF MEDICAL CARE

If my dog is ill or injured while participating in activities at or with Off The Beaten Trail, LLC, Off The Beaten Trail, LLC will make every reasonable effort to reach me pursuant to the contact information I have provided. However, if Off The Beaten Trail, LLC is unable to reach me, I consent to Off The Beaten Trail, LLC seeking appropriate veterinary care and I accept responsibility for any and all associated expenses. Off The Beaten Trail, LLC will not pay any portion of veterinary expenses associated with seeking medical care for my dog if so necessary.

ALLERGIES, SPECIAL DIETS, & MEDICATIONS

I agree that I will disclose to Off The Beaten Trail, LLC any allergies my dog may have. I further agree to disclose to Off The Beaten Trail, LLC any special dietary needs or medications my dog may require if necessary during activities at Off The Beaten Trail, LLC. I agree additional charges may apply for employees of Off The Beaten Trail, LLC to administer medication to my dog(s).

PHOTOGRAPHS & STATEMENTS

I authorize use of my dog's visual image(s) and statements in newsletters, posters, and other materials.

VICIOUS TENDENCIES

I affirm that I am not aware of any vicious tendencies by my dog.

AGREEMENT TO PAY

Off The Beaten Trail, LLC accepts cash or checks. I agree to pay the service rates in effect for my dog's participation in activities at or with Off The Beaten Trail, LLC. I further agree to pay for any additional services requested such as, drop-off, and/or pick-up service. All services must be paid in full before dog will be released to client.

DAMAGE

Initials _____

I accept the responsibility of paying for any damage to facility, property, and/or equipment caused by my dog.

VETERINARY RECORDS

My dog's complete veterinary records must be furnished to Off The Beaten Trail, LLC. These records must include proof of vaccinations and/or treatment for: Distemper, Bordatella, and Rabies. I further attest that my dog is free of parasites and/or fleas and other illnesses that can be transmitted from dog-to-dog. Due to the high risk of dog-to-dog transmission of such parasites and/or viruses, I agree that I will immediately notify Off The Beaten Trail, LLC if I learn or suspect my dog has parasites or viruses and agree to not bring my dog to Off The Beaten Trail, LLC for any activities until I receive clearance from Off The Beaten Trail, LLC, in conjunction with my dog's veterinarian.

EVALUATION OF DOG PRIOR TO PARTICIPATION (SITE VISIT)

Every dog must be evaluated by Off The Beaten Trail, LLC prior to participating in any activity which is called a "Site Visit". Such evaluation may assess the dog's temperament and interactions with other dogs and Off The Beaten Trail, LLC staff.

BEHAVIORAL CASES

I understand that if my dog exhibits "anti-social" behavior during the "Site Visit", that additional fees may apply toward any Daycare, (half day or full day), Boarding services at Off The Beaten Trail, LLC.

RIGHT TO DECLINE

I understand that Off The Beaten Trail, LLC reserves the exclusive right to decline participation or to terminate participation in activities at Off The Beaten Trail, LLC to any dog at any time for any reason.

ATTORNEY FEES, APPLICABLE LAW, & VENUE

Should Off The Beaten Trail, LLC, or anyone acting on their behalf, be required for any reason to incur attorney fees and costs to enforce or defend this agreement, I agree to indemnify and Off The Beaten Trail, LLC for such fees and costs. Further I agree and understand that any disputes arising out of this Agreement will be decided pursuant to the laws of the State of Vermont and venue shall be in Caledonia County.

VALID DATES

These agreements, waivers, and authorizations will remain valid and in force as long as and whenever my dog participates in any activity at or with Off The Beaten Trail, LLC.

FEES

Dogs can be dropped off as early as 7:00am; there will be a \$5 fee for any dogs that are required to be dropped off prior to 7:00am. Dogs can be picked up as late as 8:00pm; however, there will be a fee of \$5.00 for dogs that are picked up after 8:00 pm. If I haven't picked up my dog(s) by 8pm, then I

Initials _____

understand that my dog(s) will be boarded for the night and I will be responsible for the late fees, the cost of boarding for that night, and any other services that were provided to my dog(s) while at Off The Beaten Trail, LLC.

Schedule and Policies

- **Monday and Friday**
Drop off time is 7am - 8am
Evening Drop off time is 6pm – 8 pm

- **Saturdays and Sundays**
Drop off/Pick-ups 8am - 10am
Pick-ups 4pm - 7pm

- **Payment for service will be due at time of pick-up**

- **Multi-day customers may pay for the week in full during pick-up on last day of service**

- **We only accept Cash or Check**

BY SIGNING BELOW, I acknowledge that if my dog or I am hurt or property is damaged during my dog's participation activities at Off The Beaten Trail, LLC, I may be found, by a court of law, to have waived my right to maintain a lawsuit against Off The Beaten Trail, LLC on the basis of any claim from which I have released them herein. I acknowledge reading, understanding, and accepting the statements contained herein in consideration of the services rendered Off The Beaten Trail, LLC to my dog(s).

I certify that all data I have provided and agreed to on this form is correct and truthful to the best of my knowledge.

Owner's Signature _____ Date _____

Initials _____