

Waiver / Indemnity Form

I (owner of the dog/s listed in this document / on my profile) hereby acknowledge that I am the owner/guardian of the dog(s) listed below:

By signing this waiver/indemnity form, I acknowledge that I have read, understand, and agree to the following terms and conditions:

1. Spay/Neuter Policy: I understand that dogs 6 months or older must be spayed or neutered to participate in Doggy-Style's Boarding or Day Care Services. Puppies younger than 6 months can still come to Doggy Day Care but must be spayed or neutered when they're 6 months old.

2. Vaccination Policy: The required vaccinations are as follow: DHPPi, Lepto, Rabies and Kennel Cough. Kennel Cough is not one of the core annual vaccines, and I might have to ask my Vet for Kennel Cough specifically. I confirm that my dog's vaccinations are up to date, and I understand that it is recommended for grooming dogs as well. I authorize Doggy-Style staff to verify my dog's vaccination records. Vaccinations will be checked before boarding bookings can be confirmed. Whilst Doggy-Style will try to remind owners when vaccinations are due, this responsibility remains the owners.

3. Behavioural and Medical Disclosure: I hereby agree to disclose any behavioural issues or medical conditions that may affect my dog's participation in any of Doggy-Style's services provided. Whilst Doggy-Style will take the utmost care and precaution to look after your pets, it must be understood that failure to disclose such information may result in improper care of your dog/s.

4. Grooming and Transport Liability: I indemnify Doggy-Style from any liability for any injuries that may occur during grooming or transport to and from Doggy-Style. While our groomers and drivers have your dog/s safety and well-being as a top priority, it must be understood a dog's natural behaviour such as jumping, or any sudden movement can result in injury.

5. Tick and Flea Treatment: Doggy-Style recommends that all dogs making use of its services are treated for Ticks & Fleas. Should management, or any staff, notice any sign of ticks or fleas, I give permission for my dog/s to be treated (Capstar – 24hr treatment). Cost of treatment will be for my account.

6. Personal Belongings: I understand that Doggy-Style is not responsible for any personal belongings left on the premises. Beds, blankets and bowls are provided for all Boarding dogs. Doggy-Style will take extra care of any personal belongings left behind, but can't guarantee return of said items.

7. Inter-Canine Conflicts: I indemnify Doggy-Style from any liability for injuries or accounts accrued due to conflicts between my dog/s and other dogs. Should my dog/s show any sign of aggression, I understand that it is my duty to inform the staff at Doggy-Style so they can ensure, to the best of their abilities, the safety of my dog/s as well as other dog/s in their care.

8. Medical Attention: I authorize Doggy-Style where it is not expedient or practical to contact me to get medical attention for my dog/s. All cost will be for owners' account. Doggy-Style will do their utmost to contact the owner first, however. The choice of Veterinarian will be at the sole discretion of the proprietors of Doggy-Style. The owner MUST advise of any health issues or medication that their pet/s might have.

9. Liability Disclaimer: I understand that Doggy-Style and its authorised is in no way liable for death or injury to my dog/s due to sickness, escape, or any other cause whilst at Doggy-Style or under their supervision during walks or vet appointments.

By signing below, I acknowledge that I have read, understand, and agree to the terms and conditions outlined above.

Vet Details:

Vet: _____

Contact number: _____

By signing below, I acknowledge that I have read, understand, and agree to the terms and conditions outlined above.

Full Name & Surname: _____

Signature: _____

Date: _____

Pet 1	Pet 2
Name:	Name:
Breed:	Breed:
DOB:	DOB:
Sterilized:	Sterilized:
Gender:	Gender:
Allergies:	Allergies:
Pet 3	Pet 4
Name:	Name:
Breed:	Bred:
DOB:	DOB:
Sterilized:	Sterilized:
Gender:	Gender:
Allergies:	Allergies: