

DOGZEN
Canine Education & Recreation
'WAIVER'

Dog Name: _____ Owner: _____

My signature on this document indicates that I have read and clearly understand all of its terms.

I understand that there are risks in having my dog boarded in an environment where the animals are not kept in cages. I also understand the special risks of having my dog walked off-leash by DogZen, as well as the risk of having my dog around other dogs, people, cyclists, wildlife, and motor vehicles. I acknowledge that DogZen will take reasonable actions to minimize these risks, but I understand that it is not always possible for DogZen to prevent injuries that may occur during off-leash activities. I understand that DogZen specializes in off-leash wilderness hikes and that after my dog has proven recall my dog may be walked off leash.

I will be responsible for the actions of my dog if it causes any damage whatsoever, including but not limited to damage or injury to other dogs, people, or objects while in the care of DogZen. I understand and agree that DogZen is not responsible for any injury to or damage caused by my dog, while in the care of DogZen.

I warrant that my dog is suitable to be in the care of DogZen and is not aggressive toward people or other animals. My dog is obedient, capable of following instructions or in the process of learning to. I will immediately advise DogZen of any problems with my dog that could affect its behavior, health, or suitability for a communal living environment and off-leash activities.

In the event of illness or injury, I authorize DogZen to take my dog to the nearest veterinarian. I agree to pay for all veterinary care required, in the opinion of the veterinarian. DogZen will contact me or my emergency contact at the telephone numbers listed on the 'Client Info' sheet. If the Owner/Emergency Contact cannot be reached, DogZen is permitted to make any necessary decisions regarding the health and well-being of my dog.

I acknowledge that having my dog in the company and environment of other dogs may involve risks regarding the contraction of illness. I understand that regular vaccinations cannot completely guard against illness and disease, and that DogZen cannot in any way prevent, nor are they responsible for, any illness that my dog might contract.

Please check one of the following:

☐ I ensure that my dog is, and will be kept currently vaccinated

OR

☐ I have consulted with a holistic veterinarian and have chosen not to continue with regular vaccinations. I warrant that my dog has been titer tested within the last 12 months. I understand all possible health risks associated with my decision, and take full responsibility for any repercussions or illness that my dog may contract. I agree to provide proof of current vaccinations or titer test upon arrival at DogZen if requested.

Agreed and accepted this _____ day of _____, 20____.

Owner Signature: _____ Print Name: _____

Witness Signature: _____ Print Name: _____

