

SERVICE AGREEMENT DOGS RULE RESORT (DRR)

Dogs Rule Resort, its owner, employee(s), representative(s) or any other person(s) affiliated with the company shall hereinafter be referred to as “ **DRR.**”

By signing this form, I _____ (print name) agree to the following. For legal reasons I am the sole owner of my pet(s). **I verify to the best of my knowledge, my dog is entering the facility free of fleas & ticks.** Should the staff find fleas/ticks I will pay for any dipping/ bath charges. Range \$10-\$25. I also understand if my dog requires a bath due to sanitary reasons during the stay I will be charged the bath fee.

In case of an emergency DRR will attempt to contact me. If contact is not made and in my absence, I grant DRR permission to act as my agent and guardian for _____ to insure the safety and care of my dog(s) should they need medical care for illness or unintentional injury. I authorize DRR, in its sole discretion, to engage the services of a veterinarian, emergency clinic, administer medicine or give other required attention to my dog(s). I further understand and accept that I shall be solely responsible for ALL expenses associated with the emergency or medical care of my dog(s) and shall pay all charges in full upon pick up of my dog(s). This includes annual vaccinations which will be given by a Vet if they are not current when the dog arrives. I also accept full financial responsibility for all charges due to DRR during my dogs stay and accept DRR authorization rights to charge my credit card on file for the entire dollar amount owed if my dog(s) isn't picked up within 48 hours of scheduled departure date unless an extension to the stay is requested.

I am solely responsible for any acts of behavior of my dog(s) which causes destruction or damage to the property, humans, or other dogs while my dog(s) are at the facility. I agree to reimburse DRR for any property or injury damages caused by my dog(s). **I understand that DRR is not responsible for lost or damaged personal items brought during the boarding visit. I verify that I have informed DRR of any past or present medical conditions and behavior issues including aggression, seizures, limps, hip or arthritic conditions, etc.**

I waive and release DRR from any and all liability of any nature to include but not limited to unintentional injury, death or illness my dog(s) may experience during or after services rendered by DRR. If dog is left abandoned for seven days or more I release DRR to place them in a new home.

By signing this form, I acknowledge, understand and accept the terms and conditions set forth by this agreement. I further understand this is the entire agreement between all parties. All terms and conditions of this agreement shall be binding to the heirs, administrators and assigns of the owner and DRR. I understand and agree that all charges incurred are due and payable upon pick up of my dog(s)

Signature: _____

DATE: _____

Print Name: _____