

CUSTOMER AGREEMENT

- **VACCINATIONS:** Customers must provide a complete vaccination history of the dog and ensure his physical well-being through preventative veterinary care. In the event of a medical emergency, K-9 to 5 will seek veterinary treatment for which the customer will be financially responsible.
- K-9 to 5 shall exercise all due and exceptional care to prevent injury, illness and loss of a dog in our care. In the event of injury, illness or loss, K-9 to 5, its owners and its employees shall not be held personally liable.
- K-9 to 5 has full responsibility for the customer's dog at all times while he is on the premises.
- **LIABILITY ASSURANCE:** I guarantee that I am the owner of the dog described below. I agree to pay the costs of property damage and personal injury caused by my dog's physical or behavioral aggression, while properly confined and supervised by K-9 to 5 staff. I assure K-9 to 5 that my dog is tolerant of adults, children and dogs of both genders. My dog is accustomed to being handled and he is crate trained. If my dog is left with K-9 to 5 for more than 48 hours after closing on the day he was dropped off, he will be deemed to be abandoned and decisions about his whereabouts thereafter will be made by K-9 to 5.
- **CONSENT TO TREATMENT:** I understand that in the case of a medical emergency, every effort will be made to contact me prior to treatment. If I cannot be reached and the situation requires immediate emergency attention as determined by K-9 to 5, I hereby authorize K-9 to 5 to obtain emergency treatment for my dog as deemed necessary by K-9 to 5. I give permission for any and all medical and other information to be given to others if deemed by K-9 to 5 to be necessary for the health and wellbeing of my dog. K-9 to 5 and its staff will not be held liable for procedures performed pursuant to this consent. Photocopies of this form may serve the purpose of the original. I agree to be financially responsible for all costs of veterinary and other emergency care pursuant to this consent.
- **MEDICATIONS, PRESCRIPTION:** Prescribed medication must be in its original container with veterinarian or pharmacy label showing the number, dog's name, owner's name, date filled, veterinarian name, name of medication and directions for use. I authorize K-9 to 5 to administer prescribed medications to my dog.

Owner: _____
Dog: _____

Customer Name _____		Date _____				
Home Phone _____	Cell Phone _____	Email _____				
Emergency contact, if customer cannot be reached _____		Emergency contact's phone _____				
Customer Address _____	City _____	State _____	Zip _____			
Dog's Name _____	Breed _____	Male	Female	Neutered	Spayed	Intact
Microchip number _____	Date of birth or age _____	Regular veterinarian and phone _____				
Circle all training your dog has had: Basic Manners Obedience Agility Other: _____						
List past day care or boarding facilities: _____						
Things we should know about your dog: _____						
How did you hear about us? _____						
Customer Signature _____						