

## UNLEASHED, LLC LIABILITY AGREEMENT

Dog/Cat Name(s) (Print) \_\_\_\_\_

Owner Name(s) (Print) \_\_\_\_\_

### **Agreement and Release of Liability:**

In consideration for the services rendered or to be rendered to me by Unleashed, LLC, I hereby release Unleashed, LLC, its agents, officers, sub-contractors, employees, animal owners, customers and potential customers of Unleashed, LLC (herein referred to as "Unleashed, LLC") from any and all liabilities, financial, and otherwise, whether known or unknown, for injuries to myself, my dog(s), my cat(s) or any other property of mine, which may arise in any way from services and/or products provided by or as a consequence of my association with Unleashed, LLC.

I authorize Unleashed, LLC to take actions they deem as necessary to ensure the health, well-being, and safety of my dog(s) and/or cat(s), and to take reasonable action to resolve any medical problems that may arise while my dog(s) and/or cat(s), is in their care. I agree to assume full financial responsibility for any and all expenses incurred as a result of their actions. I understand that Unleashed, LLC's staff is expected to make a reasonable attempt to contact me before incurring such expenses, that they may need to incur such expenses if they can't reach me, and that an emergency situation could arise where it would not be feasible for them to contact me before the expense is incurred.

Due to the many outstanding benefits of dog socialization and Unleashed, LLC's commitment to the well-being and safety of my dog(s), I agree that the benefits of socialization outweigh the risk. Furthermore, unless there is express written confirmation by me otherwise, I request a socialized environment for my dog(s) while under the care of Unleashed, LLC. I also understand that when dogs play in groups and with one another that nicks and scratches may occur. It is within the sole discretion of Unleashed, LLC to determine whether such scratches and/or nicks require immediate notification to me.

I understand that I am fully and solely responsible for any and all medical expenses and damages that result from injuries or actions caused by my dog(s). In addition, I understand that all bites will be reported to local authorities/government agencies as required by law.

I understand that Unleashed, LLC may refuse service to my dog(s) and/or cat(s) for any reason at any time it deems necessary, including but not limited to aggressive or negative behavior and health conditions.

I understand that, under no circumstances whatsoever, will Unleashed, LLC be responsible or liable for damages beyond the replacement value of my dog(s), and in no event will that amount exceed \$300.00 per dog.

This agreement is binding upon my heirs and assignees.

### **Owner Certification:**

I hereby waive any and all claims or actions against Unleashed, LLC relating to the care, health, control, and/or safety of my dog(s) while at Unleashed.

I further certify that:

- (a) I am the legal owner of the dog(s) I am sending to Unleashed.
- (b) That my dog is currently and properly licensed.
- (c) That, to the best of my knowledge, my dog has not been exposed to kennel cough, distemper, heartworm, bordetella, rabies or parvovirus within the past thirty days, and that I have fully disclosed any and all health conditions of my dog(s) to Unleashed.

- (d) My dog(s) has been vaccinated and the paperwork has been submitted to Unleashed.
- (e) I have disclosed all known risks, dangers and medical conditions associated with my dog(s).
- (f) Should there be any change in my dog's condition, I agree that I am to immediately supplement the above information relating to the health and/or behavior of my dog(s).

**Payment Requirements:**

I understand that the hours of operation at Unleashed is \_\_\_\_\_ Monday – Friday, \_\_\_\_\_ Saturday and \_\_\_\_\_ Sunday. After hours late fees apply at a rate of \$5.00 per hour. If I have not picked up my dog by 9 p.m., Unleashed will board my dog overnight at my expense at a rate of \$\_\_\_\_\_ per night. Should the above scenarios take place, I hereby authorize Unleashed to charge my credit card for all fees associated with my delay.

I authorize Unleashed to charge my credit card for any outstanding balance on my account. I understand that a \$30 handling fee will be applied to all returned checks.

By signing below, I acknowledge that I have read this Liability Agreement in its entirety and agree to the terms. This agreement shall be binding for a period of ten (10) years from the date of the below signature.

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

This form must be **mailed or hand-delivered** to Unleashed, LLC with an original signature. Digital submissions, including via fax, will not be accepted.