

Camp K-9 Doggie Day Camp & Sleepover Liability & Medical Waiver 2025

I, _____ hereby certify that my dog _____ is in good health and has not been ill with any communicable conditions in the last 60 days. I further certify that my dog has not harmed or shown aggressive or threatening behavior towards any person or any other dog in its lifetime.

- I understand and agree that I am solely responsible for any harm caused by my dog at Camp K-9 LLC to a human or dog on premise and includes, but is not limited to injury/death.
- I hereby release Camp K-9 LLC of any liability arising from my dog's attendance in day camp, boarding care or grooming care.
- I further understand and agree that Camp K-9 LLC and their staff will not be liable financially or otherwise, for any problems that develop, provided reasonable care and precautions are followed, and I hereby release them of liability of any kind whatsoever arising from my dog's attendance at Camp K-9
- I further understand and agree that Camp K-9 LLC has relied upon my representation that my dog is in good health and has not injured or shown aggressive behavior or threatening behavior to any person or dog in admitting my dog for services at their facility.
- I understand that I will not, and should not bring my dog to any Camp K-9 services if they are ill, and if I am not sure I will reach out to them prior to bringing my dog for any services.
- I understand that I need to call Camp K-9 LLC to inform them if I am unsure if my dog has a communicable illness such as coughing, sneezing, hacking, choking like sounds better known as Kennel Cough, but isn't limited to other potential respiratory conditions.
- I understand that if my dog is on any medication that I will inform Camp K-9 prior to attending any services.
- I understand that while socializing in a social dog environment such as Doggie Day Care that my dog may become ill and it isn't limited to Kennel Cough, Conjunctivitis, Puppy Warts, and Diarrhea. I understand that this can happen and that I am solely responsible for treatment of said illnesses, and do not hold Camp K-9 and it's staff responsible as I understand that this can happen in any populated dog environment, inside or outside.
- I further understand and agree that any problems with my dog, behavioral, medical or otherwise will be treated as deemed best by staff of Camp K-9 in their sole discretion, and in what they view as the best interest of the animal. I understand that I assume full financial responsibility and all liability for any and all expenses involved in regards to the behavior and health of my dog.
- I further understand and agree that there are risks and benefits associated with group socialization of dogs. I agree that the benefits outweigh the risks and that I accept the risk. I desire a socialized environment for my dog while attending services provided by Camp K-9 Day Camp and while in their care.
- I understand that while the socialization and play is closely and carefully monitored by Camp K-9 staff to prevent injury, it is still possible that during the course of normal play my dog may receive minor cuts and scratches from roughhousing with other dogs. Any injuries to my dog will be pointed out by staff to the best of their ability.
- I further understand and agree by allowing my dog to participate in services offered by Camp K-9 Day Camp. I hereby agree to allow Camp K-9 LLC to take my dog in the event of an emergency for immediate treatment if necessary.
- I understand that if my pet crosses the rainbow bridge while in the care of Camp K-9, that I will assume whatever costs are endured for medical attention, and transportation. If I can not be reached, my emergency contact will be called to assist in making arrangements with Camp K-9 and your personal veterinarian.
- That as a pet owner I will assume whatever costs are endured. Camp K-9 will contact the closest veterinary hospital depending on the need of the dog. The camp will contact the pet parent. Camp K-9 without liability will use their discretion. I agree to pay for all medical treatments received, including transportation to and from the emergency facility.
- I further understand that I am solely responsible, financially or otherwise, for any harm or damage caused by my dog while my dog is attending any services provided by Camp K-9 LLC. This includes but is not limited to floor destruction, wall destruction, break of fencing, gates, kennels, crates or any fixture within the property located at 202 Union Street, known as Camp K-9 Doggie Day Camp.
- I understand that if my dog is not picked up on time, I hereby authorized Camp K-9 Day Camp to take whatever action is deemed necessary for the continuing care of my dog. I will pay Camp K-9 LLC the cost of any such continuing care upon demand by Camp K-9 LLC. I understand that if I do not pick up my dog Camp K-9 will proceed according to the guidelines provided by the State of Massachusetts, Abandonment of animals by owner; procedure for handling. I also acknowledge that I will be fully responsible for all attorney's fees and associated costs if I abandon my dog.
- I do hereby give authority and permission to Camp K9.LLC to copyright, use and/or publish, without limitation or restriction, photographs of me, my minor children, or my dog(s) that may be taken while on Camp K9 property. These photographs will be used for promotion or advertising, and I hereby relinquish any right that I may have to examine or approve said photographs.
- I understand and will follow Camp K-9's attendance policy. If I cancel my Day Camp or Pampering Services after Midnight the day of the service. I will be charged for the full Day Camp Day/full Pampering Service Charge. I understand that all Sleepover deposits are non-refundable 30 prior to the scheduled Sleepover.
- I understand that it is my responsibility to read and know all Camp K-9 policies that are listed on the website. This list includes but isn't limited to hours of operations, Day Camp policies and procedures, Sleepovers policies and procedures, Pampering policies and procedures, Pawty policies and procedures and more. All of these are located on Camp K-9's website www.campk-9doggiedaycamp.com under each individual section/tab based on the service.
- I understand that there is no staff overnight for Sleepovers and that a webcam option is available upon request.
- I understand that it is my responsibility to have my dog vaccinated for Rabies, Bordetella and Distemper and be current at all times to be able to attend services at Camp K-9. Expired Vaccines may result in services being suspended.

Signature: _____ Date: _____

DOG DAY CAMP MEDICAL RELEASE FORM

This is a required form for all Camp K-9 LLC participants receiving any of our offered services. They aren't limited to but include: Day Care, Sleepovers and Pampering Services. First and foremost the safety and well being of your pet(s) is of the highest importance. Ensuring that your pet remains safe and well cared for is our first responsibility and as such we take it very seriously. We do our best to have our pet parents screen for pre-existing health conditions, but some factors may be beyond our control. In the event that your dog is experiencing a medical emergency, while at our facility and participating in a service that we provide, it is imperative that we are able to get them immediately to a medical facility that is the closest available to our facility.

- You are responsible at all times to be sure we have on file, Your Personal Phone Number, Secondary owner information if it applies, Your Current Emergency Person and Phone Number, Your Dog's Veterinarian phone number.
- We will call ahead to the veterinary offices in closest proximity geographically to us to ensure they can handle the emergency present.
- At this time the closest emergency facilities are located in West Springfield Massachusetts, Deerfield Massachusetts, Hartford Connecticut and Windsor Connecticut.
- We will reach out to your current listed veterinary doctor if the emergency/time allows
- Your pet will be rushed to the closest available facility for treatment and you will be notified.
- We notify the owner after we have secured a medical treatment center in emergency situations for the animal to avoid delays that may be caused by emotion on the part of the owner.
- Our goal is to get your pet medical attention as quickly as humanly possible, and any distractions may interfere with that process.
- In the event of minor injury the pet owner will be called first, and we will discuss options, which are not limited to but include, picking up your dog and reaching out to your veterinarian.
- If requested the pet owner will need to come and pick up there dog up to go home and rest or for veterinary care
- In the event you can not pick up your dog, you must be sure your emergency contact can pick up your pet.
- In the event of any emergency or non emergency where we need to bring your dog to your personal vet, or an emergency center you are solely responsible for all costs endured as stated in the above liability section.
- Due to your dog being in the care of Camp K-9 for Day Care/Camp or a Sleepover it is a requirement to have our pet parents sign this Medical and Liability form. In the event of an emergency the medical portion authorizes us to be able to attend to your dog during a medical emergency.

I _____ understand and I have read and acknowledged the above documents. I understand that I can reference this document at any time on my online portal, and or Camp K-9's website located at www.campk-9doggiedaycamp.com. I understand and agree to the above documents, policies and regulations at Camp K-9 Doggie Day & Sleepovers.

Furthermore I understand that in the event of a medical emergency that Camp K-9 LLC at its sole discretion deems to need the immediate attention of a licensed veterinarian. I authorize Camp K-9 LLC to seek medical attention at the closest available veterinary facility. I further agree that I am financially responsible for any medical treatment my pet(s) receives as a result of a medical emergency while attending services provided by Camp K-9 LLC

Signature of Owner: _____ Date: _____