

**Southlake Classic Pet Retreat**  
**1211 Brumlow**  
**Southlake, TX 76092**  
**817-481-4426**

Name:

Address :

Phone(s) :

Vet :

Vet Phone :

PET	DOB	COLOR	BREED	SEX	DATE IN	DATE OUT	DAILY RATE
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**TERMS**

**Southlake Classic Pet Retreat Client Agreement**

I request that my dog(s) be accepted into the Southlake Classic Pet Retreat Doggy Day Care, Boarding or other programs offered by this Southlake Classic Pet Retreat facility (the "Facility"). In accepting my dog(s) into the programs, I acknowledge that the Facility will be relying on my understanding and agreement with the provisions of this Agreement. I understand and agree that (read and initial each box below):

\_\_\_\_\_ Every dog reacts differently and animals, by nature, are unpredictable and therefore, present a certain level of risk. I acknowledge and understand there are certain risks involved in participating in day care or boarding and in owning, training, caring for, handling and being in the presence of dogs, including but limited to injuries to people, property and animals resulting from dog fights, dog bites to humans or other dogs and the transmission of disease.

\_\_\_\_\_ In case of emergency or for the use of the Canine Cab services, I recognize the risks of injury that accompany said transport and acknowledge that this Agreement is being relied upon by this Facility to permit transport of my dog to and from the Facility or any other necessary location. I accept any and all conditions, rules and regulations promulgated by this Facility associated with the activities, use of the facilities and transport, and hereby agree to comply with them.

\_\_\_\_\_ Dogs not familiar with the Facility may experience separation anxiety when apart from their human companions.

\_\_\_\_\_ Dogs not regularly exposed to the level of activity at the Facility may feel the discomfort of sore muscles, sore joints and fatigue, and dogs not regularly exposed to outside activity or play on hard surfaces may experience sore paws, blisters, bruises or abrasions on the feet.

\_\_\_\_\_ Dogs not regularly socialized do not necessarily know how to behave politely with other dogs. These dogs are at higher risk of incidents, including but not limited to: bites, fights, fear aggression, object guarding, behavior problems and/or acting out.

\_\_\_\_\_ Dogs at play during daycare get dirty. Dogs with longer hair can get matted from the level of activity at day care. Baths and brush outs can be requested and scheduled. Excessively long toenails may cause injury. I will be notified if my dog's nails are too long. If, at my next visit, the nails have not been trimmed, the Facility will have them trimmed at my expense.

\_\_\_\_\_ There are extra risks to my puppy contracting disease or illness by entering the day care or boarding program without being fully vaccinated.

\_\_\_\_\_ Dramatic changes in food and/or food quality may cause upset stomachs, diarrhea, and/or colitis. Clients are responsible for bringing in enough food during their dog(s) stay and grants Facility to purchase additional food if needed and reimburse Facility for the cost of food and convenience fee.

\_\_\_\_\_ Any behavior deemed dangerous or inappropriate by the Facility personnel may result in dismissal of my dog(s) from the programs.

\_\_\_\_\_ All dogs must be physically able to participate in Facility's daily activities.

\_\_\_\_\_ I must pay for all services at the time they are rendered. I understand any unpaid fees by me will be sent to collections, and I will be responsible for all collections and legal fees incurred by such actions taken.

\_\_\_\_\_ In admitting my dog(s) into the Facility, the Facility has relied on my representation that my dog(s) is/are in good health, has/have not been ill with any communicable disease within the last 60 days and has/have not harmed or shown aggressive or threatening behavior towards any person or any other dog.

\_\_\_\_\_ I have read and understand the Facility's "Rules and Regulations."

\_\_\_\_\_ I will provide Southlake Classic Pet Retreat with my mobile number in addition to my email address if the occasion arises where they need to contact me with any updates related to the health of my pet.

\_\_\_\_\_ I understand that the Facility staff give all pets involved in any type of incident a cursory examination, however, the Facility's staff are not trained veterinarians and will not be liable for the location, treatment or diagnosis of any injuries incurred on the Facility's premises. If my dog(s) is/are involved in an incident at the Facility, I will check my dog(s) further or seek treatment for my dog(s) by a licensed veterinarian at my discretion and cost.

\_\_\_\_\_ I expressly agree that Southlake Classic Pet Retreat's liability shall in no event exceed the lesser of the current chattel value of the dog(s) or the sum of \$1000.00 per dog.

\_\_\_\_\_ I expressly agree that any controversy or claim arising out of or relating to this Agreement, or the breach thereof, or as the result of any claim controversy involving negligence to this Agreement, shall be settled in accordance with the rules of the American Arbitration Association, and judgment upon the award rendered by an arbitrator may be entered in any court having jurisdiction thereof. The arbitrator shall determine an award to the prevailing party of the costs of such arbitration and reasonable attorney's fees of the prevailing party. The arbitrator shall apply Texas law to the merits of any dispute or claim, without reference to conflict of law rules.

\_\_\_\_\_ Photographs are taken of the facility, dogs and staff on a regular basis for, among other things, use in advertising by Southlake Classic Pet Retreat. I acknowledge that all such images together with prints and the copyrights therein, are the property of Southlake Classic Pet Retreat and I give them my consent, permission and authorization, without compensation to me, to use, reproduce in electronic or print format.

I grant the Facility and/or its agent's full power of decision concerning the care and well being of my dog(s). Should any medical emergency arise, it is agreed that the Facility or its selected agents can and will make any needed decisions concerning medical treatment and choice of care give up to \$\_\_\_\_\_, and I will be responsible for reimbursing all such costs to the Facility.

Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Owner: \_\_\_\_\_ Kennel Rep: \_\_\_\_\_