



the
IDLE DOG
LLC

33 West Union Street
Ashland MA 01721
978-973-7855 (Deb)
978-729-2365 (Steve)

Date:

Owner(s)

Name	Cell	Email
ALTERNATE CONTACT ICOE		
Address:		Home Phone:

Dog(s)

Name:			
Breed:			
Sex (n?)			
DOB:			
Crate Trained?			
Food (times per day)			

Veterinarian Info

Doctor Name				
Facility				
Address				
Phone		Parvo	Bordatella	Rabies

Pet Care Agreement (required)

1. I understand that **The Idle Dog** has relied upon my representation that my dog is in good health and has not injured or shown aggression or threatening behavior to any person or dog in admitting my dog for services at their facility.
2. I further understand that their owners, staff, partners and volunteers, will not be liable, financially or otherwise, for injuries to my dog, me or any property of mine while my dog is participating in services provided by **The Idle Dog**. I hereby release **The Idle Dog** of any liability of any kind arising from my dog's participation in any and all services provided by **The Idle Dog**.
3. I further understand and agree that any problems with my dog, behavioral, medical or otherwise will be treated as deemed best by staff of **The Idle Dog** 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.
4. I further understand 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 **The Idle Dog** and while in their care. I understand that while the socialization and play is closely and carefully monitored by **The Idle Dog** staff to prevent injury, it is still possible that during the course of normal play my dog may receive minor nicks and scratches from roughhousing with other dogs. Any injuries to my dog will be pointed out by staff upon pick-up.
5. I understand by allowing my dog to participate in services offered by **The Idle Dog** I hereby agree to allow **The Idle Dog** to take photographs or use images of my pet in print form or otherwise for publication and/or promotion.
6. 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 **The Idle Dog**.
7. I understand that if my dog is not picked up on time or by a date specified in a separate agreement I hereby authorize **The Idle Dog** to take whatever action is deemed necessary for the continuing care of my dog. I will pay **The Idle Dog** the cost of any such continuing care upon demand by **The Idle Dog**. I understand that under Massachusetts General Laws Chapter 272, Section 77, I can be charged with the crime of animal cruelty if I abandon my dog by failing to retrieve my dog when its stay with The Idle Dog is done. I also acknowledge that I will be fully responsible for all attorneys' fees and associated costs if I abandon my dog.

Owner's Signature:

Date:

Medical Release Form (required)

The safety and well being of your pet(s) is our first responsibility and we take it very seriously. We do our best to have our pet owners declare any pre-existing health conditions but some factors may be beyond our control. In the event that a medical emergency arises while your pet is at our facility or participating in a service that we provide, it is imperative that we are immediately able to get them medical treatment at the closest available facility. We will call ahead to the veterinary offices in closest proximity geographically to us to insure they can handle the emergency present. We notify the owner after we have secured a medical treatment plan for the animal to avoid delays. Our goal is to provide your pet with the best medical attention as quickly as humanly possible, and to avoid anything that may interfere with that process. For that reason, it is a requirement to have our pet owners sign this form.

I understand that in the event of a medical emergency that **The Idle Dog**, at its sole discretion, deems to need the immediate attention of a licensed veterinarian, I authorize **The Idle Dog** 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 **The Idle Dog**.

Owner's Signature:

Date: