

Play Time Liability Form

I recognize that there is risk of injury and/or illness in any off-leash fenced environment. I recognize and assume all risks associated with outdoor playtime including, but not limited to, injuries and/or illness resulting from rough play, contact with insects, canine cough (bordetella vaccines only protect against certain strains of the virus), and other bacterial or viral contagions.

I acknowledge that although Davie Dog House takes precautions to keep my dog safe and enclosed on its properties at all times, I am aware that some dogs are very quick, agile, and determined when in new situations to attempt to escape and I do not hold Davie Dog House responsible in any way if my dog should successfully escape.

I assume full responsibility for my dogs at all times. I agree to waive any claim against Davie Dog House. I further agree to hold the Davie Dog House parties harmless and reimburse the Davie Dog House parties against all defense costs including attorneys fees resulting from any claim made against the Davie Dog House parties, employees, operators, by either owner/agent or by another party as part of an action against owner, agent resulting from action taken by dog owner.

OWNER INITIAL: _____

Pet's Name: _____ **Last Name:** _____

Has your dog ever been in an outdoor, off-leash environment before? YES NO

Is your dog DOMINANT or SUBMISSIVE with people? (circle one)

Is your dog toy or treat possessive with people? YES NO

Has your dog ever had trouble digesting meals after rigorous activity (gas, bloating, vomits, etc.)? YES NO

Does your dog have a tendency to overheat? YES NO

Is your dog an escape artist? YES NO

(If yes, circle all that apply)

***JUMPS OVER FENCES**

***CLIMBS FENCES**

***OPENS LATCHES**

***DIGS UNDER FENCES**

***QUICKLY BOLTS OUT OPEN DOORS**

***OTHER:** _____

Is there anything else we should know about your dog to make his/her playtime with us fun and safe? _____

Owner Signature _____ **Date:** _____