



I am enrolling my pet into the services of Spa Paw & Tail. While my pet is under the care and supervision of Spa Paw & Tail I fully understand the following:

- The employees of Spa Paw & Tail are not veterinarians and do not have backgrounds in veterinary medicine. They are not expected to diagnose or detect illnesses in guest.
- That my pet must be fully vaccinated and minimum of 16 weeks of age to use any service of Spa Paw & Tail
- That I assume all risk associated with using the services at Spa Paw & Tail which include but not limited to illness, disease, or injury to self or other pets and damage to Spa Paw & Tail. I release and indemnify Spa Paw & Tail and its owner from all actions, suits or claims for injury, loss or damage regardless of the cause.
- The danger associated with off-leash dog play-Spa Paw & Tail will not be held liable of injury to pets due to dog fights, rough playing or transmission of disease
- Photographs and videos are taken on a daily basis. These forms of media are used for advertisement and selected social media sites.
- Spa Paw & Tail reserves the right to move any pet into the Special Care program at any time. I will be responsible for the additional charges resulted from this transition
- I have supplied all emergency contacts for my pet and they have been given specific instruction on how to handle an emergency
- If emergency contacts cannot be reached I give full permission to Spa Paw & Tail to transport my pet to a local emergency center. I will accept full financial responsibility of my bill to Spa Paw & Tail as well as the Emergency Center
- If my pet shall experience high anxiety levels and become destructive to Spa Paw & Tail property I will accept full financial responsibility of all repairs
- Although properly vaccinated my pet can still contract illness from attending Spa Paw & Tail
- Spa Paw & Tail does not accept any pet that is considered human aggressive and reserves the right to dismiss the dog from any service
- I have received and read Spa Paw & Tail's pricing and policies document

Name: _____

Signature: _____

Date Signed: _____

Pet's Name: _____

In the event of an emergency I authorize Spa Paw & Tail to make medical decisions for treatment but cap the care amount to \$ _____ and will fully reimburse the facility for all treatments received. _____ (Signature Required)