

TailWaggers Doggy Daycare®

Client Participation Agreement

I request that my dog(s) be accepted into TailWaggers Doggy Daycare® daycare, boarding or other programs offered by TailWaggers Doggy Daycare® (the “Activity” or the “Activities”) offered by TailWaggers Doggy Daycare, LLC, TailWaggers Franchise Trio, LLC and/or their affiliates, employees, managers, members, officers, agents, successors, assigns, clients and franchisees (collectively, the “TW Parties”) at any of their locations (collectively, the “TW Locations”). As lawful consideration for being permitted by TW Parties to participate in the Activities at any TW Location, I, on behalf of myself and my heirs, successors or assigns (collectively, “me” or “I”), agree to all of the terms of this Client Participation Agreement.

1. I represent and warrant to all TW Parties that my dog is in good health, has/have not been ill with any communicable disease in the last 30 days (for example only, kennel cough), and has/have not harmed or shown aggression or threatening behavior toward any person or any other dog at any time. I understand that all TW Parties have and will rely on my representation and promise above in agreeing to permit my dog(s) to participate in the Activities.
2. As the safety and health of all dogs and its employees are the primary concerns of the TW Parties, I understand that any TW Party reserves the right to refuse admittance to any dog that does not meet the temperament and health requirements determined by the TW Parties in their sole discretion.
3. I understand that dogs not familiar with a TW Location or any Activity may experience separation anxiety when apart from their human companions, which may cause behavioral or medical issues.
4. I understand that dogs not regularly exposed to the level of activity during participation in the Activities may feel the discomfort including sore muscles, sore joints and fatigue, and dogs not regularly exposed to outside activity or play on hard surfaces and pea stone may experience sore paws, redness, blisters, bruises or abrasions on the feet and paw pads. I understand that my dog may experience some or all of these discomforts and my dog(s) may require veterinary care.
5. I understand that dogs not regularly socialized do not necessarily know how to behave and communicate politely with other dogs. I further understand that these dogs are at higher risk of incidents including, but not limited to, bites, scuffles, disagreements, fear aggression, object guarding, and behavior problems. I understand that my dog may be the aggressor or the victim of such an incident and understand that a TW Party will act in a manner for the safety and health of all dogs and its employees.
6. I understand that there are extra risks to a puppy for contracting disease or illness by participating in the Activities without being fully vaccinated. If my dog(s) is a puppy, I understand and accept this risk.

7. I understand that water is available at all times to any dog participating in the Activities; however, I understand my dog may still be thirsty after an Activity. I understand and am aware that their water intake may be in excessive amounts and may cause an upset stomach or other problems.

8. I understand that the TW Parties give all dogs involved in any type of incident a cursory examination. However, the TW Parties are not trained veterinarians and will not be obligated or liable for the treatment or diagnosis of any injuries incurred in my dog(s)' participation in the Activities. If my dog(s) is/are involved in an incident during participation in an Activity, I understand and agree that I will check my dog(s) further or seek treatment for my dog(s) by a licensed veterinarian at my discretion and cost.

9. I grant the TW Parties full power of decision-making rights concerning the care and well-being of my dog(s) during my dog(s)' participation in the Activities. Should any medical emergency arise, it is agreed that the TW Parties and their selected veterinarians (selected in their sole discretion) can and will make any needed decision concerning medical treatment up to \$200, or a higher amount which I have communicated to TW Parties. I will be responsible for all veterinary/medical services costs and authorize the TW Parties to charge my credit card on file up to such amount, which I have provided for such services.

10. I have read, understood and executed the Release of Liability, Indemnity and Assumption of Risk Agreement.

11. I have read, understood, and agreed to comply with the Rules and Regulations.

12. I represent and warrant that I am the lawful owner of the dog(s) and have the full authority and right to enter into this Client Participation Agreement.

By signing I certify that I have read and understand this Client Participation Agreement and have entered into it voluntarily.

Signature: _____

Date: _____