

BnR Events & Parties

Welcome to Barks n' Rec! We're glad you have come.

While you're sure to have a lot of fun with your four-legged buddy, it must be noted that being with animals comes with its own set of challenges. By signing this form, you acknowledge that you accept the risks inherent in these activities. Despite all dogs appearing mentally and physically sound, dogs are unpredictable and have the potential of displaying unwanted behaviors without warning. I understand that participation with my dog at BnR is not without some risk to guardians, family members, other guests, dogs and personal possessions. These risks can include – but are not limited to – illnesses and injuries to persons or dogs, such as bites, cuts, falls, scrapes and abrasions.

I hereby declare that I am responsible for any and all personal injury, injury or damage to other dogs & guests, or damage to property caused by my dog(s) while at Barks n' Rec. I agree to assume full and sole responsibility for any and all costs thereof. I agree to hold harmless and release from liability Barks n' Rec, its shareholders, directors, officers, employees, agents and affiliates from any and all claims or suits which arise in any way (damage, injury, or accidental death) out of services provided by Barks n' Rec.

I agree to pay all expenses and applicable fees related to any aid given or services engaged.

This Care Contract applies to the current relationship between Barks n' Rec and me. Each time I go to Barks n' Rec, I implicitly affirm the terms of this Contract.

Veterinary and Health Information

Name of Clinic/Practice: _____ City/Town: _____

MUST HAVE CURRENT COPY OF VACCINE RECORDS

Name of Flea Prevention Program: Advantage Revolution Sentinel Other: _____

Date of last: Bordatella Vaccination: ____/____/____ Next Vaccination Due: ____/____/____
D M Y D M Y

Rabies Vaccination: ____/____/____ Next Vaccination Due: ____/____/____
D M Y D M Y

DHPP Vaccination: ____/____/____ Next Vaccination Due: ____/____/____
D M Y D M Y

Has your dog had any of the following in the last 90 days?

- Conjunctivitis (eye infection) Blood in urine or stool Diarrhea
 Ear mites Fleas Kennel cough Intestinal parasites Mange Vomiting

Client Name: _____

Client Signature: _____

Date: _____

Email (future events): _____

Phone Number: _____