

K9 CYCLE SERVICE WAIVER FORM

Notice to the pet owner/guardian. This agreement includes a release of liability and waiver of legal rights and deprives you of the right to Morgan Moffat (referred to in this agreement as "K9 CYCLE"), and related parties. Do not sign this agreement unless you have read through it in its entirety and understand its effect, policies, procedures, pet release, waiver of liability, assumption of risk, and indemnification agreements.

In consideration for my Pet(s) _____ by

signing this document, I _____,
owner/guardian acknowledge the following policies, procedures, terms and conditions stated below in this K9 CYCLE Waiver Form:

Waiver of Release and Indemnification. assume all related risks, both known and unknown to me, of my (and to my) pet as part of the participation in this service. I hereby release and agree to save and hold harmless, K9 CYCLE's owner, officers, employees, assistants, and members from any and all liability and claims (including claims of K9 CYCLE's negligence, suits, actions, loss, injury or damage of any nature or kind, or for any liability, claims, suits, actions, loss, injury or damage) which I or my dog(s) may sustain or which may be caused in any way by my dog(s). I specifically, without limitation, agree to fully indemnify K9 CYCLE for any and all such liability, claims, suits, actions, losses, injury or damage.

Health. I certify that my dog(s) is/are in good health to participate in this service, understanding that this service is based around rigorous physical activity and training that require good health to participate. I also acknowledge that I have disclosed any/all pertinent health history and information to the service that they need to know to care for my dog(s). Furthermore, I understand that although K9 CYCLE carefully screens all applicants, occasionally we discover that this is not an appropriate service for every dog, in such case both K9 CYCLE and the owner can request to end (or postpone) their service immediately if health is a concern or if recommended by a veterinarian. I also acknowledge however that a letter from the veterinarian to K9 CYCLE is required to officially refund pre-paid and full-service packages where discounts are given as part of enrollment.

Pet Behavior. I certify that my dog(s) have not harmed or shown overt aggressive/threatening behavior towards any person or any other dog. I also understand that I am solely responsible for any harm caused by my dog(s) while my dog(s) is/are attending training or any activities with K9 CYCLE. I further understand that due to the way that dogs interact with one another minor cuts, scratches and injury can occur even though the dogs are carefully supervised at all times.

Veterinarian Liability and Care. While my dog(s) is/are in the care and custody of K9 CYCLE, if I am unreachable in the event of an emergency, I hereby authorize K9 CYCLE, its agents, and/or representatives to seek immediate veterinary care for my dog. I agree to be financially responsible for any and all costs in connection with veterinary, medical or other treatment. I am aware and understand that I should carry my own pet insurance.

Transportation. I agree that if my pet is transported by K9 CYCLE employees or agents I agree to hold K9 CYCLE, its owners, officers, employees, or agents harmless in the event of injury or accident during transportation.

Photo/Video Release. I Agree to allow K9 CYCLE to use my dog's name and any images or videos while he/she is in the care of K9 CYCLE, in any form or format, for use, at any time, in any media, marketing, advertising, illustration, trade or promotional materials

Service Fees Agreement. For single day or per-use services I agree to pay in full by the end of the calendar day for the service and amount agreed to by cash or e-transfer. Alternatively for weekly services, full service, and discount service packages I agree to pay for 50% of all fees and services prior to the date of services with cash/e-transfer and the remaining 50% will be paid by cash/e-transfer at the end of every day, week, month of service for the services completed and time-period outlined in that period and package.

Cancellations. I understand that all confirmed services must be cancelled at least 24 hours prior to the scheduled time of service. Further I understand that cancellations made 24 hours prior to the deadline could result in charges of 50% of the agreed service.

Day-Of Changes and Weather. In the event a day-of time change is needed I agree to provide an alternate time(s) in the same day or in the following 24 hours that the service can be re-scheduled into and to notify K9 CYCLE as soon as possible and no later than 2 hours before the scheduled service. Furthermore, due to the nature of outdoor activities, I understand that the weather may affect the time and whether K9 CYCLE can operate safely and, in this case, K9 Cycle will also provide similar alternate time(s) within 24 hours of the service and give at least 2 hours notice.

Personal Property. I agree that K9 CYCLE shall not be responsible or liable for any lost, stolen, or damaged property belonging either to my dog or me.

Sole Agreement. This writing represents the sole agreement between K9 CYCLE and the owner/guardian

Affirmation. Each time I request service by K9 CYCLE I am re-affirming the terms of this agreement. I have read fully and fully understand the terms of this agreement and acknowledge I will give up substantial rights by signing it. I have signed this agreement freely and voluntarily without any inducement and intend it to be a complete and unconditional release of all liability of K9 CYCLE's Owner, Officers, Employees, and Agents to the greatest extent permitted by law.

PRINT NAME OF OWNER: _____

SIGNATURE OF OWNER: _____

Date: _____

K9 CYCLE REPRESENTATIVE: _____

K9 CYCLE APPLICATION

Owner Information

Name: _____

Address: _____

Phone: _____ Alternate Phone: _____

E-Mail Address: _____

Emergency Contact(s) (they should be able to make a decision about the care for your dog and/or home if we cannot reach you in case of emergency)

Name: _____ Phone: _____

Name: _____ Phone: _____

Dog Information

Name: _____ Sex (circle one): F or M

Breed: _____ Age or DOB: _____

Vet Name &
Vet Phone #: _____

Vet Address: _____

If Your Dog Has Insurance, Please Provide Information Here:

Dog Questionnaire

Does your dog possess current vaccinations? (circle one): Y or N

Spayed/Neutered (circle one): Y or N

How frequently does your dog visit dog parks? (circle one): Frequent, Often, Rarely, Never
Please Specify how do they play and interact with the other dog(s) at the park?

Is your dog toy, ball, or food motivated? Y or N If yes, please explain:

Does your dog chase animals? Y or N If yes, please explain:
and/or rate on a scale of 1 – 10 how much they may pull/react:

Does your dog have any problems with dogs smaller or larger than they are?

Any medical conditions we need to know regarding your dog?

Has your dog been to any obedience classes? If so, what kind/level of classes and where?

Please list any specific treats your pet receives and/or feeding guidelines you want us to follow:

K9 Cycle may be picking up and dropping off your dog. Do you have any special requests?
(i.e. key & alarm Code disarm (y/n), family members, Lights, heat/ac, television, feeding, etc.)