



2595 Centerville Rd Tallahassee FL 32308 ~ 422-3063 ~ 422-3069 fax

Authorization, Waiver, & Liability Release

This is a contract between MoJo's Backyard (the "facility") and the pet owner(s), whose signature(s) appear below.

1. I agree to pay the rate agreed upon no later than the day my dog is checked in to the facility.
2. I understand that my dog will be playing in open areas with other dogs. I understand that although each playgroup will be supervised and great care taken to ensure that the dogs do not harm one another, the possibility does exist for injury, loss, or damage.
3. I release and hold harmless MoJo's Backyard and its employees from and with respect to any and all injuries, losses, or damages relating to persons and/or my dogs while in the care of the facility, as long as the facility provided reasonable care and precautions and is not found to be negligent in their handling of my dog.
4. I understand and agree that any problem that develops with my dog will be treated in a manner deemed appropriate by the staff of the facility at their sole discretion. I further agree to assume all responsibility for any and all expenses involved.
5. I understand and agree that the facility and their staff will not be held liable for any problems that develop, provided reasonable care and precautions are followed during my dog's attendance and participation in daycare or boarding at the facility.
6. I understand and agree when admitting my dog to the facility, that although the staff performed their own evaluation of my dog, the staff is relying on my representation that my dog is in good health and has not harmed or shown aggression or threatening behavior towards any person or any other dog.
7. I understand that I am solely responsible for any harm caused to any other dog or human by my dog while my dog is in attendance at the facility, day or night.
8. I understand that the facility has the right to dismiss me and/or my dog as a customer at their discretion. I further understand that no refunds will be given.
9. I authorize the facility, at its sole discretion, to arrange medical treatment for my dog in the event my dog is injured or becomes ill while in the care of the facility. I further authorize my veterinarian to release all medical records to the facility.

I, the undersigned, have read this authorization, waiver and release, have had an opportunity to have all my questions answered and agree to the above.

Date _____ Signature _____

Dog's name _____ Printed name _____