



WATERFRONT PET RESORT

Customer Agreement & Liability Forms

This packet contains the agreements and forms required for all Waterfront Pet Resort services. Please read, complete and sign each section where indicated.

Included Forms:

- 1) Customer Overnight Care & Day Camp Agreement
- 2) Liability Waiver & Release
- 3) Dog Behavior & Temperament Assessment
- 4) Medical Emergency Authorization
- 5) Daily Check-In / Check-Out Form



1) Overnight Care & Day Camp Agreement

Owner Information:

Name: _____ Phone: _____

Address: _____

Email: _____ Alt. Phone: _____

Dog Information:

Name: _____ Breed: _____ Color: _____

Age: ____ Weight: ____ Sex: ____ Spayed/Neutered: Yes ___ No ___

Vaccination & Health Requirements:

I understand my dog must have current Rabies, Distemper/Parvo (DHPP), and Bordetella vaccinations and be on flea & tick prevention. Proof of vaccination is required prior to service. I certify my dog is free of parasites and contagious illness at check-in.

Initials: _____

Behavior Acknowledgement:

I certify my dog has no history of aggression that would make group play unsafe. I understand WPR may separate or decline service to any dog for safety.

Initials: _____

Feeding & Medications:

Food Brand/Amount: _____

Medications & schedule (if any): _____

Payment, Deposits, Cancellations:

Payment is due at pickup. Deposits (if required) are non-refundable inside 48 hours of reservation start. A nightly boarding rate applies after closing if not picked up by designated times. Unpaid balances accrue a late fee and may result in collections.

Initials: _____

Owner Signature: _____ Date: _____



2) Liability Waiver & Release

I understand that even with careful supervision, dog socialization and boarding carry inherent risks, including but not limited to scratches, cuts, bites, sprains, stress, kennel cough or other communicable disease, parasite exposure, escape, or death. In consideration for services provided by Waterfront Pet Resort ("WPR"), I, the undersigned owner, for myself and my heirs, hereby release, waive, discharge, and hold harmless WPR, its owners, employees, contractors, volunteers, and agents from any and all...

I accept full responsibility for any harm or damage caused by my dog to other animals, people, or property. I agree that photos or video of my dog at WPR may be used for identification and promotional purposes without compensation.

I acknowledge that veterinary care may be necessary. I authorize WPR to transport my dog to a veterinarian and obtain treatment as WPR deems reasonably necessary. I agree to pay all veterinary costs directly and to reimburse WPR for any expenses advanced. I understand WPR does not guarantee the health of any animal and is not responsible for pre-existing conditions that may be aggravated by boarding or play.

Owner Signature: _____ Printed Name: _____ Date: _____



3) Dog Behavior & Temperament Assessment

Has your dog ever bitten a person or dog? Yes ___ No ___ If yes, explain: _____

Any history of guarding food, toys, space, or people? Yes ___ No ___ Triggers: _____

Separation anxiety? Yes ___ No ___ Crate trained? Yes ___ No ___

How does your dog react to new dogs/people? _____

Energy level: Low ___ Moderate ___ High ___

Known fears (thunder, fireworks, handling): _____

Can your dog jump fences, open latches, or be an escape risk? Yes ___ No ___

Anything else we should know to keep your dog safe and happy? _____

Owner Signature: _____ Date: _____



4) Medical Emergency Authorization

Preferred Veterinarian/Clinic: _____ Phone: _____

Address: _____

Emergency Contact (non-travelling): _____ Phone: _____

I authorize WPR to seek emergency care for my dog if I cannot be reached promptly. I authorize the veterinarian to administer treatment, including anesthesia or surgery, as reasonably necessary. I agree to be responsible for all fees and to reimburse WPR for any expenses advanced on my behalf.

Owner Signature: _____ Date: _____



5) Daily Check-In / Check-Out Form

Date: _____ Dog's Name: _____ Owner: _____

Drop-Off Time: _____ Pick-Up Time: _____ Food sent? Yes ___ No ___

Special instructions for today: _____

Staff Use:

Check-in condition notes: _____

Feeding: _____ Meds: _____ Time: _____

Play group: _____ Rest breaks: _____ Potty notes: _____

Incidents/Notes: _____

Staff Initials: _____ Owner Signature at Pickup: _____ Time: _____



Important Health Notice

To protect all guests, any dog showing signs of contagious illness (coughing, vomiting, diarrhea, excessive itching, visible parasites) will be isolated and may be sent home. Please monitor your dog's health for 72 hours after group play, as mild fatigue or sore muscles can be normal after activity.

Questions? Email: info@waterfrontpetresort.com • Phone: 847-224-3117 | 630-886-6897