Liability Release Form

I, [Client's Name], understand and agree to the following terms and conditions regarding the use of Woof Tone INN & SPA's dog day care, boarding, and grooming services:

1. Health and Vaccinations:

- I certify that my dog(s) is/are in good health and has/have received all required vaccinations.
- I understand that Woof Tone INN & SPA reserves the right to refuse services to any dog that appears to be ill or has not met vaccination requirements.

2. Assumption of Risk:

- I understand that there are inherent risks involved in dog day care, boarding, and grooming services, including but not limited to injury or illness.
- I agree that Woof Tone INN & SPA and its employees will not be held liable for any injury, illness, or accident that may occur while my dog(s) is/are in their care.

3. Behavior and Training:

- I acknowledge that my dog(s) may interact with other dogs and humans while at Woof Tone INN & SPA, and I accept full responsibility for my dog(s)' behavior.
- $\,$ I agree to inform Woof Tone INN & SPA of any aggressive or problematic behavior my dog(s) may exhibit.

4. Emergency Medical Treatment:

- In the event of a medical emergency, I authorize Woof Tone INN & SPA to seek veterinary care for my dog(s) and agree to be responsible for any associated costs.
- I understand that Woof Tone INN & SPA will make every effort to contact me in case of an emergency but may proceed with medical treatment if unable to reach me.

5. Personal Property:

- I understand that Woof Tone INN & SPA is not responsible for any loss or damage to my dog(s)' personal belongings, including but not limited to toys, bedding, and collars.

6. Release of Liability:

- I hereby release Woof Tone INN & SPA, its owners, employees, and affiliates from any and all liability, claims, demands, or actions arising out of or related to the use of their services.

I have read and understand the terms and conditions outlined above and agree to abide by them.

Client's Signature:	
Date:	
Dog(s) Name(s):	
Dog(s) Breed(s):	
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