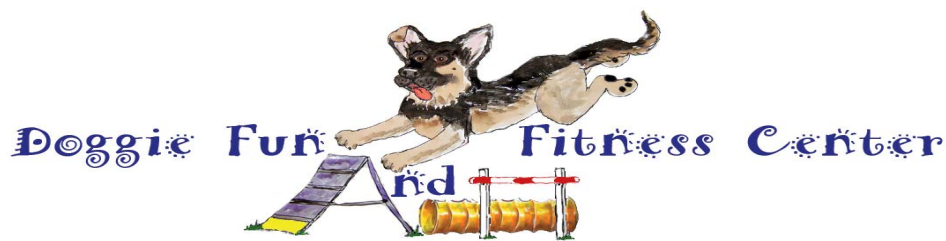


HOUSE RULES

1. All dogs must be on leash & under client control before handing dog off to DFF staff member.
2. All dogs must be wearing an appropriately fitting traditional strap collar that will not slip over dog's head should he decide to plant. (prong, choke collars are removed once inside, so we need another collar to grab onto if we need to)
3. All dogs must be licensed in their respective towns & also have ID tags on their collars.
4. All dogs must first pass a temperament evaluation, proving they are not prone to being aggressive toward dogs or humans.
5. All dogs must have proper health documentation before allowed into our day care facility:
 - DHLPP: Distemper, Hepatitis, Leptospirosis, Parainfluenza & Parvovirus.
 - Rabies: certificate required
 - Bordetella: aka "kennel cough" vaccine, administered every 6 months.
 - Health Certificate from your vet
6. Dogs over 6 months of age must be spayed/neutered.
7. Cancellations must be received in email form by 5pm the night before to avoid the day's charge.
8. Clients who opt not to set up a monthly account must pay in cash daily.
9. Setting up an account you may pay by cash or check, but we must have a valid credit card as back up on file.
10. For liability reasons, people other than staff are not allowed past the doors in with the dogs. If you wish to see the dog area, we will escort you around to peak in behind the fences.
11. All clients must sign the liability waiver, accepting responsibility of your own dog's actions & indemnifying DFF owners & staff from liability.
12. When dropping off your dog, please leave your dog in your car to come in alone & let us know you are here. We will come outside & escort your dog into the dog area.
13. By signing below, you acknowledge that dogs do play with their teeth & can play rough at times. Your dog may go home with occasional cuts & scratches, but dog's without good bite control are not suited here & will be asked to leave if it is shown to be a behavior pattern.

I, _____, owner of _____ have read & agree to the above rules & terms.



47 Marion Drive, Kingston, MA 02364
781-585-DOGS (3647) www.doggiefunandfitness.com

OWNER AGREEMENT & RELEASE FORM

I, _____, hereby certify that my dog(s) _____ is (are) in good health and have not been ill with any communicable condition in the last 30 days. I further certify that my dog(s) has not harmed or shown aggressive or threatening behavior towards any person or any other dog. I have read and understood the following:

I understand that I am solely responsible for any harm caused by my dog(s) while he/she is attending DOGGIE FUN & FITNESS CENTER, Professional Pet Services, LLC. I understand that my dog will be interacting with other dogs and people.

I further understand and agree that in admitting my dog(s) to Dog Daycare, DOGGIE FUN & FITNESS CENTER staff have relied on my representation that my dog(s) is in good health and has not harmed or shown aggression towards any person or any other dog.

I understand and agree that DOGGIE FUN & FITNESS CENTER and their staff and volunteers will not be liable for any problems which develop, provided reasonable care and precautions are followed, and I hereby release them of any liability of any kind whatsoever arising from my dogs attendance and participation at the Dog Daycare facility.

I further understand and agree that any problems which develop with my dog(s) will be treated as deemed best by staff members of DOGGIE FUN & FITNESS CENTER at their discretion, and that I assume full financial responsibility for any and all expenses involved.

I certify that I have read and understand the policies and conditions of DOGGIE FUN & FITNESS CENTER as set forth on the preceding pages.

Signature: _____ Date: _____

Please initial:

____As the owner of the above referenced pet, I understand that DOGGIE FUN & FITNESS CENTER, its employees, officers, directors, and agents will exercise due care to protect the health and safety of my pet while in their care, and that in the event that my pet becomes ill or sustains an injury, I have given permission for those in charge to take whatever steps are necessary to obtain medical treatment for my pet. I agree to pay all charges incurred. I consent to the veterinarian of DOGGIE FUN & FITNESS CENTER's choice, and in the event of an emergency, I consent to any veterinarian being retained to render care for my pet.

____I understand that while my dog is under DOGGIE FUN & FITNESS CENTER care, my pet will interact with people and dogs. As always, with the interaction of dogs, there is a chance of injury. I assume all risk of injury to my dog while under the care of DOGGIE FUN & FITNESS CENTER, or while in transportation, so long as reasonable care is taken to prevent any unnecessary injury, death, or loss.

____I agree not to file legal charges against DOGGIE FUN & FITNESS CENTER, their employees, directors, or agents, for any injury, death, or loss of my pet. I hereby waive and release DOGGIE FUN & FITNESS CENTER, its employees, officers, directors and agents, from any and all liability of any nature for any injury, death, or loss of my pet resulting from DOGGIE FUN & FITNESS CENTER's actions or from the action of my dog or any other dog while in the custody of DOGGIE FUN & FITNESS CENTER.

____In the event that my dog causes injury to another dog or to a person while in DOGGIE FUN & FITNESS CENTER care, I agree to indemnify and subrogate DOGGIE FUN & FITNESS CENTER from any action which may be brought against it, and for any defense, settlement, or judgment entered against it. I will assume all liability for the actions of my dog and agree to maintain personal liability insurance to cover me in the event of such an incident.

____I do hereby grant DOGGIE FUN & FITNESS CENTER, their employees, officers, directors and agents to enter my home, listed above, for the purpose of caring for my pet(s) while I am away. I will not hold DOGGIE FUN & FITNESS CENTER liable for any acts of God over which I have no control such as flooding, fire, or any other natural disasters including forced entry of our home or for the death of pets, due to natural causes or an act of God.

Payment Options for Recurring Monthly Charges for
Doggie Fun & Fitness Services

Name _____

Address _____

City _____ State _____ Zip _____

Dog (s) Name _____

Please choose from the following payment options:

EFT –automated monthly debit from bank account

Credit Card- Monthly charge to your credit card

Cash or Check- *you may pay by cash or check, but we need to have something on file if payment is not received **by the 15th.***

******cash discount of 5%**

AUTHORIZATION FOR RECURRING DIRECT PAYMENTS (EFT)

Professional Pet Services

47 Marion Dr

Kingston, MA 02364

781-293-6222

enette@professionalservices.com

RE: ACH Authorization for Recurring Charges In consideration of the goods, products and/or services provided to me by MERCHANT, as listed above, I hereby authorize MERCHANT to initiate a debit entry to my account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account for the amount and frequency listed below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Bank Name: _____

Routing Number: _____

Account Number: _____

[] Checking [] Savings

or

If you prefer to pay by **credit card**, your credit card will be billed.

Mastercard/Visa_____

Expiration Date_____ Security Code_____

*****If you wish to come in and swipe your card monthly, there is no processing fee. However we pay a higher rate to type in your card*****

Credit Card Fee Schedule		
<i>*Fees assessed on a per transaction basis*</i>		
Purchase Price		
From	To	Fee Amount
\$1	\$99	\$2.50
\$100+		\$5

If you would rather pay by check or cash, please do so or your above credit card or bank account will be processed.

PLEASE READ The specific debit to my account authorized herein may only post on or after the EFFECTIVE DATE listed above, and in no event may the debit transaction post to my account prior to said date. This authorization is to remain in full force and effect until MERCHANT has received written notification from me of termination one full month prior to the next billing cycle. I may only revoke this authorization by contacting MERCHANT directly at the address and phone number listed above. Upon cancellation services will terminate immediately. There will be a \$30 fee for all NSF returns.

I understand for day care services, I will be charged the day's visit if email not sent by 5pm the previous evening.

Amount varies at the end of the month, according to invoice

Frequency: ***Monthly on the 15th***

Effective Date: ____/____/____

Name: _____ (Please Print)

Signature: _____ Date: _____

Please fill out & email back to lauriewagner918@gmail.com (***along with a voided check if opting for EFT.***)

Or print & mail/drop off to : Professional Pet Services
47 Marion Dr.
Kingston, MA 02364