

Oregon Canine University (OCUat Indigo Ranch)

Vernonia Campus

www.oregoncanineuniversity.org

15640 Airport Way – Vernonia, Oregon 97064

(ph) 503-429-0806

LIABILITY AGREEMENT

Dog Name(s) (Please Print) _____

Owner Name(s) (Please Print) _____

I understand that before my dog(s) can board or train at Oregon Canine University, the following requirements must be met:

- My dog must have been evaluated to ensure s/he is not aggressive toward people or other dogs.
- My dog's current vaccine records must be furnished to Oregon Canine University including: Rabies, DHLPP & Bordetella. Current flea & tick prevention is also required.
- My dog must be spayed or neutered unless younger than 6 months of age.
- My dog must wear a collar or harness with ID securely attached at all times while at Oregon Canine University.

Client Agreement and Release of Liability

I hereby release Oregon Canine University, its agents, officers, sub-contractors, employees, animal owners, customers, and potential customers of Oregon Canine University from any and all liabilities, financial, and otherwise, for injuries to myself, my dog, or any other property of mine, which arise in any way from services and/or products provided by or as a consequence of my association with Oregon Canine University.

I agree to assume all liabilities and responsibilities, financial and other wise, for the behavior and health of my dog(s). In consideration of the services rendered by Oregon Canine University, I waive any and all claims, actions, or demands of any nature, foreseen or unforeseen, that I may have against Oregon Canine University relating to the care, control, health, and/or safety of my dog(s) arising during pick-up, transport, drop-off, and stay at the facilities.

I authorize Oregon Canine University to do whatever they deem necessary for the safety, health, and well-being of my dog while under the care of Oregon Canine University including seeking professional veterinary treatment for my dog. I agree to pay all costs and charges for any professional veterinary care obtained for my dog(s) during the time my dog(s) are in the care of Oregon Canine University.

Due to the many outstanding benefits of dog socialization and Oregon Canine University's commitment to the safety and well-being of my dog(s), I agree that the benefits of dog socialization outweigh the risks.

I understand that Oregon Canine University has the right to refuse service to me and/or my dog at any time for any reason. I understand that if my dog has a history of or repeatedly demonstrates aggression or biting of humans or animals, Oregon Canine University reserves the right to refuse service. I understand that all bites will be reported to the local authorities as required by law.

I hereby declare to Oregon Canine University that I am the legal owner of my dog(s); that my dog(s) has(have) not been exposed to distemper, rabies, or parvovirus within the past thirty (30) days; that my dog(s) has(have) been inoculated as indicated by records presented.

I agree that my dog(s) will not leave Oregon Canine University until all charges are paid to Oregon Canine University by me.

By signing below, I acknowledge that I have read this Boarding Agreement in its entirety and agree to all terms. This agreement shall be binding for a period of ten (10) years from the date of signature below.

Client Signature

Date