

**Please read the following disclaimers carefully:**

We require that all of the pets we walk, care for, or have in playgroup have been properly inoculated against rabies and bordetella. However, as with children in a school playground setting, your dog(s) are susceptible to, among other things, the following:

- Nicks, scrapes and punctures
- Sore joints and muscles
- Strained tendons and ligaments
- Fatigue
- Various strains of kennel cough
- Airborne viruses and seasonal allergies
- Common colds

**All dogs play at their own risk.** All parents who use our services understand this and acknowledge that injuries and illnesses can occur. In addition, all parents understand that they are solely responsible for any damage or harm caused by their animal(s) while in the care of **Petscort Services, Inc. Petscort Services, Inc.** and its employees bear no responsibility or liability for damage or harm caused by an animal in their care.

**In the event that your dog, cat or other pet becomes ill** while in the care of **Petscort Services, Inc**, we will attempt to contact you. If you are not available, we will attempt to contact your veterinarian. Should your pet require veterinary attention and the time exists to safely transport your pet to your regular veterinarian, we will do so. However, in an emergency, we may take your pet to the Newport Animal Hospital or a nearby veterinary emergency clinic. It is understood that all expenses incurred due to your pet’s illness or accident must be paid in full at the time you pick up your pet from **Petscort Services, Inc**. We will not bill you or accept partial payment.

**I, \_\_\_\_\_ have read and understand the above disclaimer as acknowledged by my signature here.**

**Date** \_\_\_\_\_

**IMPORTANT**

During play and transport, dogs and leashes get dirty. **Please provide a leash that can get dirty as well as towels for your dog so they can be wiped down prior to re-entering your home.** You may also provide a specified space for your dog if you will not be home at the time of pick-up or drop-off.

**Please initial below indicating you will comply with these requirements.**

\_\_\_\_\_

**Previous Bite History (Please complete part A or B)**

**A.** To the best of my knowledge, my pet(s) named \_\_\_\_\_

\_\_\_\_\_ and breed type(s) \_\_\_\_\_ has/have never bitten or deeply scratched (broken the skin) of any person and has/have no record with the city government or animal control of an animal attack.

**B.** The following pet(s) named \_\_\_\_\_

\_\_\_\_\_ and breed type(s) \_\_\_\_\_ has/have bitten or scratched a human. Please describe in detail the circumstances that surrounded the incident. *(Continue on reverse side or separate sheet if necessary.)*

\_\_\_\_\_

**I/We agree** to hold **Petscort Services, Inc**, its members, directors, officers, agents and owner or lessor of the premises and any employees of the aforementioned parties, harmless from any and all claims for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of my pet. **I/We personally assume** all responsibility and liability for any such claim and **I/We further agree** to hold aforementioned parties harmless from any claim for loss of my pet by disappearance , theft, death or otherwise and from any claim or damage or injury to the pet whether such loss, disappearances, theft, damage or injury be caused or alleged to be caused by the negligence of the organization or any of the parties aforementioned, or by the negligence of any persons /person, or any other cause or causes. **I/We assume** the sole responsibility for and agree to indemnify and save the aforementioned parties harmless from any and all loss and expense (including legal fees) by reason of liability imposed by law upon any of the aforementioned parties for damage because of bodily injuries, including death at any time resulting there from or sustained by any person or persons , including myself (ourselves), howsoever such injuries, death or damage to property may be caused and whether or not the same may have been caused or alleged to have been caused by the negligence of the aforementioned parties or any of their employees, agents, trainers, or any other persons. I will not charge **Petscort Services, Inc** or representatives with punitive damages. I certify that I am the actual owner of the pet, or I am the duly authorized agent of the actual owner whose name I entered above. I have read and understand all of the statements in this agreement and agree to be bound in the above agreements. I agree to meet all of the financial requirements.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

Pet’s(s’) Name(s): \_\_\_\_\_

**Additional Notes:**

***Petscort Services, Inc.***  
*Serving the pets of Aquidneck Island since 1996*  
***P.O. Box 402, Portsmouth, RI 02871***  
401-841-5330 ~ [petscort1@cox.net](mailto:petscort1@cox.net)  
[www.petscortservices.net](http://www.petscortservices.net)  
*Business Hours of Operation: M ~ F, 10 a.m. – 6 p.m.*

**All Services Waiver Form**

**Your Information**

\_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
Street Address

Phone #s: H \_\_\_\_\_ M \_\_\_\_\_ W \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Veterinary Hospital or Practice** \_\_\_\_\_

Tel. # \_\_\_\_\_ Dr.'s Name \_\_\_\_\_

**Your Pet Information**

Name(s): \_\_\_\_\_  
\_\_\_\_\_

Breed(s): \_\_\_\_\_

Age(s): \_\_\_\_\_ Neutered or Spayed: Yes \_\_\_\_  
No \_\_\_\_

**Date of Waiver Signing** \_\_\_\_\_ **Client Initials** \_\_\_\_\_

**Annual Renewal Dates/Initials** \_\_\_\_\_, \_\_\_\_\_,

\_\_\_\_\_, \_\_\_\_\_.

***Thank you for your Business!*** Refer a friend and receive 1 unit of service free (see handbook for definitions of service units.)