

Sublime CanineClient Information, Authorization and Liability Waiver

Owner Information	Dog Information		
Owner Name:	Dog's Name:		
Telephone Number:	Dog's Age:		
Email Address:	Dog's Breed:		
Address:	Dog Food Brand & Amount Fed:		
City, State and Zip Code:	Veterinarian Name:		
Emergency Contact:	Veterinarian Telephone Number:		
Please answer the following	questions.		
Is your dog male/female?		Male	Female
Is your dog spayed or neutered?		YES	NO
Is your dog in good health?		YES	NO
Is your dog on flea/ tick preventative?		YES	NO
Is your dog current on required vaccines?		YES	NO
Is there anything we should know about your dog (a aggression, resource guarding, etc)			
How did you hear about Sublime Canine?			
TRAINING CAMP ONLY -Other than Basic Obed work on with your dog?	ience, is there anything specific	-	ıld like to
TRAINING CAMP ONLY -List any item(s) you ar	e leaving with your dog (leash,	, collar, bl	anket, crate,



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	, certify that I am the owner of, ly in completing training requirements recommended by to board the pet and be legally bound by the terms of this form.
roughhousing, playing and other activities facility. I agree for myself, my pet(s) and be expected to arise from such activities, and can and/or JJ Belcher, and/or associated my pet(s), my guests or invitees other pathomissions or by the acts or omissions of an harmless Sublime Canine and/or JJ Belch expenses that may result there from. I furth associates shall not be held responsible for stay at Sublime Canine and will indemnif tharmless for any costs, expenses or damage myself, my pet and my guests and invitee and/or associates harmless for any costs, of Sublime Canine facility. I further agree for solely responsible and shall not seek independent of the care of Sublime Canine at reviewed my pet's vaccination records an accurate to the best of my knowledge. I further, and/or associates of any known is currently suffer and believe my pet to be if authorize Sublime Canine and/or JJ Beloconfirm the health, temperament and vaccing become injured, ill, suffer an ailment or is and/or JJ Belcher, and/or associates to recombine the path of the services of another unavailable or located at too great of a disauthorized to utilize the services of another unavailable or located at too great of a disauthorized to utilize the services of another understand that I shall be responsible for a further, should I be required to take my per solely responsible for any and all veter and shall not seek indemnity or reimburse	o socialize and exercise at Sublime Canine and that through is, injuries to pets, owners or their guests may occur within our my guests and invitees to assume the risks and hazards that may uses and interaction with other animals. I agree that Sublime is shall not be held responsible for injuries or illness to myself, irons and/or pets who may be injured by my pet or by my acts or my guests and invitees and I agree to indemnify and hold er, and/or associates for any and all costs, damages, claims or ther acknowledge that Sublime Canine and/or JJ Belcher, and/or associates ges resulting from any such illness or condition. With respect to sees resulting from any such illness or condition. With respect to sees resulting from any such illness or condition. With respect to sees resulting from any such illness or condition. With respect to sees resulting from any such illness or condition. With respect to sees resulting from any such illness or condition. With respect to sees resulting from any such illness or condition. With respect to sees resulting from any such illness or condition. With respect to sees resulting from any such illness or octon or use of the or myself, my pets and my guests and invitees that I shall be minity from Sublime Canine or any of its associates for costs, incur as a result of injury, sickness or other harm to my pet(s) and/or JJ Belcher, and/or associates. I certify that I have dereby affirm that the information reflected therein is true and arther affirm that I have informed Sublime Canine and/or JJ njuries, illnesses or ailments from which my pet(s) may an sufficient health to safely utilize the Sublime Canine services. Eacher, and/or associates to contact my veterinarian in order to sination history of my pet(s). If, in my absence, my pet should so otherwise deemed in the sole discretion of Sublime Canine and/or JJ erized to consult with my veterinarian. If my veterinarian is stance, Sublime Canine and/or JJ Belcher, and/or associates is er licensed veterinarian after a stay or visit a
Canine promotional materials, including b	ne, my pet(s) my guests and invitees may appear in Sublime but not limited to advertising, printed materials, promotional as related materials, magazines, or on television, radio, the te from time to time.
By signing below, I acknowledge that I had Acknowledgment & Waiver and accept each	ave read and fully understand the terms of this Authorization, ach term and condition contained herein.
Signature	Date:



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ADMINISTRATIVE USE ONLY	
CLASS TAKEN	
COST	
PAID	
BALANCE DUE	
TRAINING CAMP TAKEN	
COST	
PAID	
BALANCE DUE	
BOARDING @ \$35/NIGHT	
DATES STAYED	
COST	
PAID	