

Home-Stay Pet Care (formerly Loving Care Pet Solutions)

Jerri-lee Streeter 24 Willard Avenue Rehoboth, MA 02769

508.343.0738

Pre-existing conditions: Please contact Jerri Streeter. All health conditions requiring medical attention, or pets with behavioral issues are arranged with owners on a case by case basis.

Owner Liability Waiver and Health Certification

I, _____, hereby certify that my dog(s): _____ is/are in good health and has/have not been ill with any communicable condition in the last 15 days. I further certify that my dog(s) has/have not harmed or shown aggressive or threatening behavior towards any person or any other dog.

I have read and understand the following:

1. I understand that I am solely responsible for any harm caused by my dog(s) while my dog(s) is/are attending Home-Stay Pet Care. 2. I further understand and agree that in admitting my dog(s) to Home-Stay Pet Care, the staff have relied on my representation that my dog(s) is/are in good health and has/have not harmed or shown aggressive or threatening behavior towards any person or any other dog. Staff may at any time remove a dog from care if he/she exhibits behavior which could be harmful to other dogs or staff. 3. I further understand and agree that Home-Stay Pet Care and its staff will exercise due diligence and reasonable care while caring for my pet, and will not be liable for any problems that may arise. I hereby release of any liability of any kind whatsoever arising from my dog's/dogs' attendance and participation. 4. I further understand and agree that dogs can sometimes receive minor cuts and scratches at care. If a dog becomes otherwise ill or injured and is in need of immediate care, Home-Stay Pet Care will transport the animal to the Warren Animal Hospital or if possible the veterinarian specified by the owner. Staff will attempt to reach the owners while the animal is in transit. If the owner is unreachable, Home-Stay Pet Care will have the veterinarian proceed with any treatment deemed necessary. Owners will assume all financial responsibility for veterinary treatment. I certify that I have read and understand the policies of Home-Stay Pet Care as set forth on the General Information and Policies sheet and that I have read and understand the conditions and statements of this agreement, including the following: RESERVATIONS: Required. Cancellations with less than 24 hours notice will be charged a full day's fee. Holiday reservations are pre-paid and non-refundable upon cancellation.

Dated _____ Signature of Owner _____