

## WAIVER & RELEASE FORM:

### KanineFit

6325 N. Avondale Ave. Suite 122 Chicago IL. 60631

708-667-0046

Name of Owner:

Name and breed of pet:

Yearly Rabies Vaccination date:

Spayed or Neutered: Yes / No

Male / Female

Pet Birthday or Age:

Contact phone:

Email:

Home Address:

Veterinarian name & number:

Health Condition (s):

All Dogs must have their yearly Rabies vaccinations

My signature on this document indicates that I have read it and clearly understand all of its terms. In consideration of KanineFit agreeing to Treadmill Train my dog, I agreed to the following:

1. I will be responsible for the actions of my dog if it causes any damage whatsoever, including but not limited to damage or injury to other dogs, people, or objects while in the KanineFit facility.
2. KanineFit is not responsible for any injury to, or damage, whatsoever caused to or by my dog while in the KanineFit facility.
3. To indemnify KanineFit and its employees and servants from any loss, injury or damage they may suffer as a result of the actions of my dog.
4. My dog is suitable to be in the care of KanineFit and is not aggressive toward people or other animals. My dog is obedient and capable of following instruction.
5. I understand that there are risks involved in having my dog undergoing Treadmill Training by KanineFit. In the event of sudden illness or injury, I authorize KanineFit to take my dog to the nearest vet considered to be the most suitable by KanineFit. I agree to pay all vet care required or advised, in the opinion of the vet. I agree to pay for all such care.
6. I understand that having my dog in the company and environment of other dogs may involve risks regarding the contraction of illness. I understand that even regular vaccinations cannot completely guard against illness and disease, and that KanineFit cannot in any way prevent, nor are they responsible for, any illness, Injury, accidents, death that my dog might contract.
7. I will ensure that my dog is, and will be kept currently vaccinated.
8. I agree to provide proof of current vaccinations when requested.

Agreed and accepted Date: \_\_\_\_\_

Pet Owner's signature: \_\_\_\_\_

Yearly Vaccination date \_\_\_\_\_

Please print off, sign and bring when taking your pet on the first session along with your pets Rabies vaccination record.