Waiver of Liability

I give full permission for the Get Your Dog R.I.P.T.T employees to perform services on my behalf for my pet(s) and whatever is necessary for the well-being of my pet(s). I acknowledge that if my dog participates in the services provided, I freely accept and fully assume all risks, dangers or loss involved whether caused by negligence or otherwise.

I hereby waive and release any claims which I have or may in the future have against Get Your Dog R.I.P.T.T, its' officers, directors, employees, agents, representatives, affiliates, shareholders or successors of injury, illness, disability, escaped pet(s) or death. I also hold Get Your Dog R.I.P.T.T harmless from any damage, loss or claim arising from any health condition of the pet(s) serviced whether known or unknown to Get Your Dog R.I.P.T.T.

By signing I understand and am aware that with all physical fitness there are risks and I should consult my dog's veterinarian before starting any physical activity. I understand the dangers include but are not limited to : physical injuries, strains, sore muscles, shortness of breath, heavy panting, heat exhaustion, breaks, tears, disability or death.

Should Get Your Dog R.I.P.T.T employees or staff determine in its sole discretion in my absence, that veterinary care is warranted, I give permission that the employees may take my dog for veterinarian care and I agree to pay all associated fees and costs. If my dog's vet is not readily accessible; Get Your Dog R.I.P.T.T is authorized to use a vet or emergency vet of its choice. I understand that Get Your Dog R.I.P.T.T will try to contact me first then my vet.

I understand that if the employees or staff determine my dog(s) to be a danger to staff, a muzzle will be used and put on by I, the pet's owner. You understand that this could cause a health risk.

Get Your Dog R.I.P.T.T reserves the right to refuse or stop service for the health and safety of the pet and its staff and I understand and am responsible to pay the full amount due.

Print Name: _____

Signature: _____   Date: _____