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**BOARD & TRAIN  
DISCLAIMER, AGREEMENT AND WAIVER**

**PLEASE READ THIS CAREFULLY.**

It affects any rights you may have while your dog(s) is/are participating in Doggy Boot camp (Board & Train). It also states your responsibilities regarding the fees and expectations regarding the K-9 Obedience Programs offered at Country View Veterinary Service.

I, \_\_\_\_\_ (participant) hereby agree to the following covenants described below regarding the Country View Canines classes and training programs.

I further release, waive, discharge and covenant not to sue *Country View Veterinary Service and Country View Canines* and any of the officers, servants, agents and employees of the above-mentioned entities (hereinafter referred to as RELEASEES) for any liability, claim and/or cause of action arising out of or related to any loss, damage or injury, including death, that occurs as a result of my participation in the below-described activities.

1. This is a two week program. Tuition for this class is due at the beginning of the course. Training class fees are non-refundable and cannot be transferred to a new owner in case of re-homing your dog.
2. Country View Canines stand behind their training methods. However, the individual success of you and your dog after leaving this program depends on your commitment to your dog's training. We cannot make certain guarantee for you or your dog's success during this course or thereafter.
3. RELEASEES do not guarantee a dog's behavior at any time, during or outside of daycare or group obedience classes. We can only evaluate and supervise to the best of our knowledge.
4. By signing this agreement you are giving your consent for your dog to take part in group obedience classes as determined by the trainer and also to play with other dogs as deemed safe and beneficial by the trainer. I also grant my consent for the trainer to transport my dog to locations outside of Country View Veterinary Service for training purposes.
5. Participating dogs are to be current on their vaccinations. We require a current DHPP vaccine (3 year), Canine Influenza (annual), Bordetella (every 6 months) and Rabies vaccine (3 year) if the dog is old enough. By signing this agreement, you certify that your dog is current on his/her vaccinations. We also require participating dogs to have a negative fecal exam every six months and be current on flea & tick preventative. All dogs who are over six months of age must be spayed or neutered in order to socialize with other dogs.
6. RELEASEES are not responsible for any incident or accident arising from the travel to the training facility or after leaving training.
7. Country View Veterinary Services and Country View Canines hereby have permission to use any photos taken of you and/or your dog during class for advertising purposes. Names of owner(s) and/or participant will not be printed or released.
8. If my dog(s) attend daycare my dog(s) will be supervised at all times. However, any time groups of dogs play off lead together there is a chance for injury. By signing below I'm giving permission for my dog(s) to play off lead with other dogs and play on agility equipment while in the daycare yard. I am responsible for any injuries incurred while my dog is at Country View Veterinary Service.
9. Releasees are not responsible for fees incurred should a dog become ill or injured during board & Train. If your pet does become ill or injured, and we are unable to reach you, please indicate your wishes below:

\_\_\_\_ Please perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached.

\_\_\_\_ I authorize up to \_\_\_\$\_\_\_\_\_ \_\_\_ \$100 \_\_\_ \$200

\_\_\_\_ Do not administer any non-emergency medical services until specific authorization is given.

By signing this Disclaimer, Agreement and Waiver, I state that I have read and understand the conditions set forth in this Disclaimer, Agreement and Waiver and that I agree to all conditions set forth herein, and that I sign this voluntary.

Name \_\_\_\_\_ Address \_\_\_\_\_

Signature \_\_\_\_\_ Phone Number \_\_\_\_\_

Dog(s) Name \_\_\_\_\_