



## The Watering Bowl Terms of Enrollment

Please INITIAL the following:

\_\_\_\_ I understand and acknowledge that I am solely responsible for any harm caused by my dog while he or she is at The Watering Bowl.

\_\_\_\_ I also understand and agree that I will not hold The Watering Bowl or any of its employees or owners liable for any problems that may develop while attending The Watering Bowl provided proper care & precautions are taken.

\_\_\_\_ I also understand and acknowledge that The Watering Bowl is relying on information I provide stating that my dog is in good health and has not harmed anyone or shown any overly aggressive behavior towards people or dogs.

\_\_\_\_ I further understand and agree that The Watering Bowl & its staff have my full authority to treat any problems that may arise as they deem necessary, and I assume full financial responsibility for any such treatments.

\_\_\_\_ I also understand that there is a risk associated with my dog playing with other dogs in a cage-free environment. I understand that The Watering Bowl & its staff will do everything they can to prevent injury, but do understand that not all injuries can be prevented when a large number of dogs are playing together. I am willing to accept this risk and leave my dog in the care of The Watering Bowl.

\_\_\_\_ I further understand and agree that in the event of a medical emergency The Watering Bowl will first contact Dr. Pam Clary, DVM for initial treatment, and I assume full financial responsibility for any such treatment.

\_\_\_\_ The Watering Bowl reserves the right to refuse admission to or revoke admission of any dog that does not meet our health or temperament requirements.

\_\_\_\_ I also understand that because dogs play with their paws and mouths that minor cuts and scratches can occur from normal play behavior.

\_\_\_\_ I understand that paw pad blisters are normal for dogs who have not had regular exercise that creates calluses on paw pads.

I \_\_\_\_\_ have read & agree to all of the above terms of enrollment.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date