

GENERAL "HOLD HARMLESS" AGREEMENT & "LIABILITY RELEASE"
for KIMBERLY BURGAN, CPDT

RESPONSIBILITY & LIABILITY:

I feel confident that Kimberly Burgan, CPDT makes every effort to provide a safe environment for all canine and human clients under her instruction as well as others within the general proximity of her work. I agree to place and/or leave my dog with Kimberly Burgan, CPDT at MY OWN RISK. I have researched the skills and credentials of Kimberly Burgan, CPDT and AGREE with all associated handling practices, policies and procedures. I understand that all dogs CAN and DO BITE; and I am aware of (1) the RISK of injury to myself or my dog(s) while in training and (2) that I am responsible for any INJURY, or physical or financial damages caused by my pet(s) to another pet, person or the physical location in which training is conducted. I will NOT hold Kimberly Burgan, CPDT or her designated agents/associates, outside of gross negligence, responsible should an ACCIDENT, INJURY, ILLNESS, ESCAPE, THEFT, FIRE, or DEATH of my pet occur while in their care.

MEDICAL TREATMENT:

In my absence, I give permission to Kimberly Burgan, CPDT to act on my behalf in case of EMERGENCY or apparent health related issues. I also give permission for my pet to be transported by car to (1) my personal veterinarian, (2) Kimberly Burgan's vet of choice, or (3) Emergency Animal Clinic for any situation that medical assistance is needed while my pet is in the care of Kimberly Burgan, CPDT. I agree to reimburse Kimberly Burgan, CPDT for any and all charges incurred for medical treatment of my pet. I WILL NOT seek retribution from Kimberly Burgan, CPDT should an ACCIDENT, INJURY, ILLNESS, ESCAPE, THEFT, FIRE, or DEATH of my pet occur during or following ANY services rendered by Kimberly Burgan, CPDT or her designated agents or associates.

VACCINATIONS/OVERALL HEALTH:

I hereby declare that my pet is current within the calendar year on (1) Rabies, (2) DHPP, and (3) Bordetella vaccinations. I understand that it is my responsibility to keep my pets regularly vaccinated and to provide updated records to Kimberly Burgan, CPDT upon request and that my dog can be refused for services should I fail to do so. I also understand that my dog is still susceptible to other illnesses due to age, stress, nutrition levels, immune system, and exposure to other dogs. I understand that Kimberly Burgan, CPDT requires all dogs in training to be clean, healthy and vaccinated with no apparent fleas, ticks, worms, etc.

MISCELLANEOUS DETAILS:

- (1) I understand that Kimberly Burgan, CPDT is not responsible for misplaced, lost, damaged or broken items during or following ANY services rendered.
- (2) I understand the rates and payment terms for services rendered by Kimberly Burgan, CPDT.
- (3) I understand that if I am not satisfied with the services provided by Kimberly Burgan, CPDT, that I will notify Kimberly Burgan, CPDT by close of business the following day.
- (4) I understand that Kimberly Burgan, CPDT has the right to refuse service to any owner and or pet at her discretion.
- (5) I understand that Kimberly Burgan, CPDT will NOT release my pet to anyone without my consent.

RIGHTS TO PHOTOGRAPHS & VIDEO FOOTAGE

I authorize Kimberly Burgan, CPDT the right and permission to use any photographs/video taken of my dog for any purpose and in any media now or in the future.

I CERTIFY THAT I HAVE READ AND UNDERSTAND ALL OF THE CONDITIONS AND STATEMENTS CONTAINED WITHIN THIS AGREEMENT.

Printed Name of Owner: _____

Signature of Owner: _____

Date: _____