



REDLANDS ROVER RANCH,
LLC

Date _____

Statement of Understanding

Dog Name(s)

I, _____ agree to the following while using REDLANDS ROVER RANCH, LLC services:

Dogs must be a minimum of 4 months old. We recommend the following vaccines. If your Veterinarian recommendation for vaccinations is different from what is listed on this document, we will accept their professional recommendation. RABBIES, DISTEMPER/PARVO and BORDETELLA My dog(s) is/are in good health and are able to play in an active environment. _____ initials My dog(s) is/are friendly with people and other dogs. _____ initials

1. I agree that in admitting my dog(s) to REDLANDS ROVER RANCH, LLC which will be referred to as RRR in the following statements, my representations are true and have not been falsified to gain admittance. My dog meets the above requirements, and I authorize my veterinarian to release all information regarding the status of vaccinations, spay/neuter, age, medications, and health. _____ initials
2. I agree that my dog(s) has/have not shown aggression, injured or exhibited threatening behavior toward any person or other dog. _____ initials
3. I understand that RRR provides a group play environment, and that during normal play, my dog may sustain injuries, scratches, bites, punctures, gastric torsion (bloat), torn ligaments, fractures, bee stings, spider bites, sore muscles, can ingest bacteria that may cause diarrhea or Giardia. RRR Staff carefully monitors all activity to avoid injury and cleans all surfaces to prevent disease. However, injury and illness may occur despite our best effort. I agree that RRR will not be responsible for veterinarian bills for my dog(s). _____ initials
4. I understand and agree that if my dog(s) is/are the cause of injury or death to another animal or person or to themselves, I shall be legally and financially responsible for the cost of the injury. I agree to fully indemnify RRR, it's principals, employees, independent contractors, agents, volunteers, representatives, relatives and successors for any costs, losses or legal expenses incurred in the defense of any claims, including negligence, brought by myself or a third party arising from or related to my actions or the actions of my dog(s) while on the premises or in the custody of RRR. _____ initials
5. I understand that even though my dog is current on vaccinations, there is a possibility that my dog(s) could still contract Kennel Cough, Canine Influenza, Upper Respiratory Infection, Giardia, or any such illness. Any pet deemed sick or unhealthy during their stay at RRR will be isolated from the group. RRR has the right to seek veterinary treatment during or after my dog(s) stay at RRR. _____ initials
6. I understand that RRR will transport my dog(s) to and from RRR if you require this service for an additional fee. You may also schedule an appointment to drop off and pick up your dog(s). We cannot accommodate dogs that do not have an appointment. Drop off hours in the morning are 6:00am-10:00am Monday – Friday and 7:00am – 10:00am Saturday and Sunday. Pick up hours in the afternoon are 3:00pm – 6:00pm Monday – Friday and 3:00pm – 5:00pm Saturday and Sunday.
7. I have read and agree to all terms in the REDLANDS ROVER RANCH, LLC Statement of Understanding.

Signature

Date