

**AGREEMENT FOR PARTICIPATION IN SERVICES**

DOG'S NAME \_\_\_\_\_ DOG'S NAME \_\_\_\_\_ DOG'S NAME \_\_\_\_\_

1. I understand and agree that ALL THE RAIGE DOG SALON has relied upon my representation of my dog's temperament for correct placement in our facilities and services.
2. I understand and agree that ALL THE RAIGE DOG SALON, their owners, staff, partners, and volunteers, will not be liable, financially or otherwise, for injuries to my dog, myself, or any property of mine while my dog is participating in services provided by ALL THE RAIGE DOG SALON. I further acknowledge and understand that all dog owners are strictly liable in Utah for any damage or injury caused by their dogs. As such, I understand that I am solely responsible, financially or otherwise, for any harm or damage caused by my dog while my dog is attending any services provided by ALL THE RAIGE DOG SALON.
3. I understand and agree that any problems with my dog, behavioral, medical, or otherwise will be treated as deemed best from the staff of ALL THE RAIGE DOG SALON at their sole discretion, and in what they view as the best interest of the animal. I understand that I assume full financial responsibility and all liability for any and all expenses involved in regards to the behavior and health of my dog.
4. I understand and agree that while the socialization and play is closely and carefully monitored by staff to prevent injury, it is still possible that during the course of normal play my dog may receive minor nicks and scratches from roughhousing with other dogs. Any known injuries to my dog will be pointed out by staff upon pick-up.
5. I understand and agree that by allowing my dog to participate in services offered by ALL THE RAIGE DOG SALON I hereby agree to allow ALL THE RAIGE DOG SALON to take photographs or use images and/or audiovisual recordings of my pet in print form or otherwise for publication and/or promotion. I understand and agree that the dog(s)' name and the name of the owner may be used in conjunction with these images, and that neither myself nor the dogs named above will receive any compensation for the use of these images or recordings.
6. I understand that if my dog is not picked up on time or by a date specified in a separate agreement, I hereby authorize ALL THE RAIGE DOG SALON to take whatever action is deemed necessary for the continuing care of my dog. I will pay ALL THE RAIGE DOG SALON the cost of any such continuing care upon demand by ALL THE RAIGE DOG SALON. I understand that if I do not pick up my animal, ALL THE RAIGE DOG SALON will proceed according to the guidelines provided by Utah State Law for Abandonment of Animals By Owner, procedure for handling. I also acknowledge that I will be fully responsible for all attorney's fees and associated costs if I abandon my dog.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**VETERINARY INSTRUCTIONS & MEDICAL RELEASE FORM**

DOG'S NAME \_\_\_\_\_ DOG'S NAME \_\_\_\_\_ DOG'S NAME \_\_\_\_\_

While the safety and well-being of the animals under our care is our primary concern, we understand that sometimes events occur that are beyond our control. Whenever possible, should a medical emergency arise we will attempt to contact the owner of the pet and seek medical attention at the veterinarian or clinic of the owner's choice. However, in the event that the owner cannot be contacted or immediate medical attention is required, this form also authorizes ALL THE RAIGE DOG SALON and/or any of its owners, staff, partners, or volunteers to use their sole discretion in determining the need for immediate attention by a licensed veterinarian at the closest available facility.

If any of the pets named above becomes ill or injured, I request that ALL THE RAIGE DOG SALON take the pets to:

Veterinary Office Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Veterinary Office Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I give permission for ALL THE RAIGE DOG SALON to approve treatment up to \$ \_\_\_\_\_  
I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount.

If neither of the veterinary offices named above is available, I authorize ALL THE RAIGE DOG SALON to take my pet(s) to another veterinary office for treatment. I understand that ALL THE RAIGE DOG SALON cannot be held responsible for the results of the veterinary treatment or the loss of my pet.

This agreement is valid starting on the date below whenever ALL THE RAIGE DOG SALON cares for my pets.

Signature of Owner: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_