



10198 S Crazy Hollow Rd, Hanover IL, 61041

Sasha Armstrong 312 505 7700

Michael Armstrong 773 571 2976

Canine State of Mind (CSM) Boarding Liability Waiver

Owners Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Veterinarian Name/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Dog(s): \_\_\_\_\_ Breed(s): \_\_\_\_\_

Weight(s): \_\_\_\_\_ Color(s): \_\_\_\_\_ Birth Date/Approx. age: \_\_\_\_\_

Allergies: \_\_\_\_\_ Method of Flea Control/Last Application Date: \_\_\_\_\_

Diet and Feeding routine: \_\_\_\_\_

Medications/Administration instructions: \_\_\_\_\_

Do you have Pet Insurance?  Yes  No

If yes, which company? \_\_\_\_\_

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*\*Canine State of Mind highly recommends insuring your pet. A basic policy is very affordable.*

Is your pet housebroken?  Yes  No

Has your pet ever had kennel cough?  Yes  No

If yes, please explain: \_\_\_\_\_

Does your pet cough, sneeze, wheeze, or exhibit any asthmatic symptoms?  Yes  No

Has your pet ever boarded elsewhere or attended doggie daycare?  Yes  No

If yes, where? \_\_\_\_\_

Has your pet ever bitten a person or another pet?  Yes  No

Has your pet ever exhibited aggressive behavior towards people or other pets?  Yes  No

If yes, please explain:

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Has your pet ever exhibited Food/Toy/Treat aggression OR possessiveness?  Yes  No

If yes, please explain:

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Is your dog socialized off leash with other dogs?  Yes  No

If yes, does he/she exhibit any unique behaviors to be aware of? If not, do you believe he/she will be successful socializing with new dogs? \_\_\_\_\_

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Has your pet ever been abused, or bitten/attacked by another pet?  Yes  No

If yes please explain:

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If you answered YES to any of these questions and have not discussed any unique behaviors with Sasha, please notify Michael or Sasha immediately. Thank you.

**HOW DID YOU HEAR ABOUT CANINE STATE OF MIND?**

**Please check all that apply:**

- GOOGLE/ONLINE SEARCH       YELP       FACEBOOK
- PERSONAL REFERRAL (Name) \_\_\_\_\_
- (YOUR) VET (Name) \_\_\_\_\_
- OTHER (Name) \_\_\_\_\_

I understand that Canine State of Mind will perform a temperament test on all dogs prior to introduction to a playgroup. CSM will make every effort to place dogs in appropriate groups based on temperament, energy level and age. CSM reserves the right to refuse group playtime to your dog if any aggressive behavior is exhibited towards another dog or human. I understand that, like people, dogs may have a bad day or not get along with certain dogs. If this is the case CSM may remove your dog from the group for a break or change your dog's type of boarding arrangement if we believe it is necessary to protect the health and well-being of your dog, other dogs, or CSM. I understand that there are certain risks associated with allowing the freedom of dogs interacting with other dogs. Even with constant supervision, nips, scratches, muscle soreness, disease, and physical altercations may occur. I understand that dogs are wild animals and can be unpredictable. I trust the judgment of Canine State of Mind to place my dog(s) in the most safe and happy environment during their stay.

I hereby acknowledge that my dog is current on all vaccinations, including Rabies, Bordatella (Kennel cough) and DHLPP (Distemper, Hepatitis, Parvo, Lepto, Parainfluenza). I will supply Canine State of Mind with current vaccine records. I acknowledge that I am responsible for any costs related to treating any animals affected by a lapse in vaccination coverage of my dog(s).

**BY SIGNING THIS FORM**

1. You indicate your agreement with the terms hereof.
2. You authorize Canine State of Mind to obtain any medical and vaccination records for your pet from the veterinarian listed and you hereby authorize your veterinarian to provide these records to Canine State of Mind.
3. You agree to be solely responsible for the payment of all medical bills for your pet and you release Canine State of Mind and its staff from any and all responsibility for, claims, damages, debts, arising out of or related to such medical care, including, but not limited to, transportation to/from the veterinarian clinic and choice of veterinarian hospital.
4. You release, indemnify and hold Canine State of Mind harmless from any and all manner of damages, claims, losses, liabilities, costs or expenses, causes of action or suits, whatsoever in law or equity (including, without limitation, attorney's fees and related costs) arising out of or relating to the services provided by Canine State of Mind except which may arise from the sole gross negligence or intentional and willful misconduct of Canine State of Mind, including without limitation: (I) any inaccuracy in any statement made by yourself or information provided by you to Canine State of Mind (II) your dog, including but not limited to destruction of property, dog bites, and transmission of disease, and (III) any action by yourself which is in breach of the terms and conditions of this Agreement.
5. You acknowledge that this agreement covers the current relationship between Canine State of Mind and yourself. Each time you board your dog with Canine State of Mind you affirm the terms of the agreement and the truthfulness and accuracy of all statements you make in the agreement.
6. You hereby acknowledge that Canine State of Mind may use pictures of you or your dog for publicity or

promotional purposes without liability or obligation of any kind to me; however, no information/pictures can be sold or shared otherwise without additional consent.

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

CSM representative, Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Additional Notes: