



The Bone Adventure SERVICE CONTRACT

I, _____, agree to the following relative to my dog's care at The Bone Adventure.
(Print)

Initial

- _____ 1. I agree that my dog is current with the following vaccinations: rabies, DHLPP and bordetella (required every six months). I also understand that The Bone Adventure requires fecal testing for parasites and Giardia every six months. I will keep these vaccinations current while my dog is in the care of The Bone Adventure. I authorize my veterinarian to release all information regarding the status of vaccinations for my dog.
- _____ 2. I understand that it is required that female dogs be spayed after their first heat and male dogs be neutered by age one year to enroll at The Bone Adventure. I understand that there is a probationary period between the ages of six months to one year and if behavior issues arise, such as aggression or excessive mounting (humping), The Bone Adventure may not allow my dog back until he or she is spayed/neutered.
- _____ 3. I authorize The Bone Adventure to arrange emergency veterinary care, releasing The Bone Adventure from all liabilities relating to transportation, treatment, and expense. Should my specified veterinarian be unavailable, I authorize The Bone Adventure to engage the services of a veterinarian of its choice. If I cannot be reached in a timely manner, I authorize The Bone Adventure to approve medical and/or emergency treatment as recommended by a veterinarian. I will reimburse The Bone Adventure for any expenses incurred.
- _____ 4. If my dog is boarding, in the event of a minor injury, such as an ear bite or small puncture wound, I would like The Bone Adventure to handle this without contacting me or my emergency contacts. In the event of a major emergency, I want to be contacted directly. In daycare, The Bone Adventure will contact me with any medical issues that arise.
- _____ 5. I understand that it is required that my dog is on a monthly topical or oral flea program (flea collars will not be accepted). If any fleas are found on my dog, I authorize The Bone Adventure to treat my dog for fleas as deemed necessary by bathing. I understand that I will be contacted prior to treatment, and I am responsible for the cost of such services.
- _____ 6. I (or my homeowner's insurance) will be responsible for any injury (i.e., dog bites or scratches requiring medical attention) to The Bone Adventure principals, employees, agents, or representatives, due to my dog's actions or the condition of my house/premises.
- _____ 7. I agree that if my dog is the cause of any injury or death to another animal or the cause of damage to the property at 1629 Superior Avenue, Costa Mesa, or the property at 2700 Bristol Street, Costa Mesa, I shall be fully legally responsible for the cost of any such injury, death, or damage. I agree to fully indemnify The Bone Adventure, its principals, employees, agents, representatives, successors, and assigns for any costs, losses, or legal expenses incurred in the defense of any personal injury or any other claims, including claims for negligence, brought by myself or a third party arising from or related to my actions or the actions of my dog while on the premises or in the custody of The Bone Adventure. **I have read this paragraph and understand the consequences of any aggressive/destructive behaviors of my dog.**
- _____ 8. I understand that The Bone Adventure needs to monitor our noise level in the neighborhood. I further understand that if my dog creates a disturbance with constant/continuous barking, The Bone Adventure reserves the right to use a citronella (not shock) bark control device on my dog as necessary. I have read this and understand the importance of discouraging constant/continuous barking.

Bone Home

1629 Superior Avenue | Costa Mesa, CA 92627
Phone 949.650.2692 | Fax 949.650.2697

Bone Backyard

2700 Bristol Street | Costa Mesa, CA 92626
Phone 714.604.1414 | Fax 714.444.2664

Hours: 6:30am-8:00pm every day of the year



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- _____ 9. I understand that dogs participating in The Bone Adventure night care program are sometimes sequestered during sleeping hours. I understand this action is taken to ensure safety of all dogs during their stay.
- _____ 10. I am responsible for leaving an adequate supply of food (if the dog is on a special prescription diet) and/or medications for my dog during the entire time my dog is provided care by The Bone Adventure. Should the food/medication supply need replacement, I authorize The Bone Adventure to purchase replacement food/medication. I will reimburse The Bone Adventure for the cost of the food/medication.
- _____ 11. I understand that The Bone Adventure encourages dogs to socialize and exercise, and like children on a playground, I fully realize that illness such as (but not limited to) kennel cough, skin or other infections (including Giardia), canine influenza, etc. can reasonably be foreseen when a group of dogs are playing together, even when fully vaccinated. I also fully realize that injuries such as (but not limited to) punctures, abrasions, sores, ACL tears, etc. can reasonably be foreseen when a group of dogs are playing together, even when supervised. The Bone Adventure's sole responsibility, with regard to my dog, is to act with reasonable care. I agree that if The Bone Adventure acted reasonably, I shall not bring any claim, suit, or action of any kind against The Bone Adventure arising out of the illness or injury of my dog.
- _____ 12. I realize that the fences at The Bone Adventure are approximately six feet high and I understand that if my dog has the ability to jump/climb a fence of this height, I am liable if my dog escapes.
- _____ 13. If my dog is not picked up by the end of the business day or scheduled pick-up time, I authorize The Bone Adventure to take whatever action it deems appropriate for the continuing care of my dog. I further agree to pay the cost of such care as provided by the Bone Adventure upon demand. I understand that The Bone Adventure closes at 8:00 p.m.
- _____ 14. I authorize The Bone Adventure to maintain my credit card on file and charge purchases and/or services rendered against the card at the prices in effect at time of the transaction. I understand that I am able to request a statement or written invoice at any time and that the majority of business communication is done via email. If my e-mail addresses change, I will notify The Bone Adventure.
- _____ 15. The grooming department wants to assure you that every precaution will be taken to provide a safe and stress-free grooming experience for your pet. By initialing here, you are acknowledging that you have read and understand the attached grooming informational sheet. You understand that occasionally grooming can expose a hidden medical problem or aggravate a current one. This can occur during or after grooming. If your pet is severely tangled or matted, it is at greater risk of injury, stress, and trauma. I also understand there is a possibility of a nick or clipper irritation during grooming.

I certify that I have read and understand the rules and regulations set forth on the preceding pages and that I have read and understand this agreement. I agree to abide by the rules and regulations and accept all the terms, conditions, and statements of this agreement.

Client's Signature: _____ Date: _____

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