



1000315573 Ontario Limited o/a
Pawtherapy K9 Aquatic & Massage Centre
560 1st Street
Hanover, Ontario
N4N 3X5
(519) 364-4454
info@pawtherapy.ca
www.pawtherapy.ca

Liability Release & Waiver *(Pertaining to Recreational Swimming)*

100315573 Ontario Limited operating as Pawtherapy K9 Aquatic & Massage Centre (hereinafter "Pawtherapy") strictly adheres to the outlined policies and procedures. These are in place for everyone's safety, especially our canine clients. Clients and/or visitors who continue to disregard these policies and procedures, will no longer be permitted to visit our facility or partake in the services we provide. Thank you for your cooperation.

Please note – Your dog(s) will not be allowed to swim if: they are limping, have had an Orthopedic surgery within 6 months of the session, recovering from a recent surgery (i.e., spay/neuter), appear to be lethargic/running a fever, experiencing vomiting or diarrhea, have a skin condition, ear infection or open wound. If at any time a staff member is suspicious of any of the following circumstances, you will be asked for a referral to be completed by your veterinarian, before your dog(s) will be able to participate in the pool.

Photo/Video Release:

Often photos/videos of a swim and/or massage session are collected by Pawtherapy in order to track progress, educate others or be sent to the referring Veterinarian to inform them of your dog's progress. Confidential/Personal information pertaining to the client is never given out or referenced. I (the dog owner) understand that I will not receive any form of payment and/or royalties for the publication/use of photos/videos. On behalf of myself, and of my attendees or affiliated session participants, I hereby give permission for photos/videos of **my dog(s)** to be posted on social media, including but not limited to (Websites, Facebook, Instagram, Business Advertisements, Stationaries, etc.).

_____ Initials

Acknowledgment & Understanding of Services:

- I understand that my dog(s) **are not required** to obtain a Veterinary Referral for **Recreational Swimming**, however am responsible for notifying Pawtherapy of any health changes, medications/supplement changes, injuries, surgeries, infections/wounds or any communicable/infectious diseases, etc., that my dog(s) knowingly have come into contact with.

_____ Initials

- I understand that at any time, the staff of Pawtherapy can discontinue service if they do not feel it is in the best interest of my dog. I understand that if a medical condition or injury is suspected, I may be required to obtain a thorough Veterinary Referral, consenting to my dog's continuation in recreational swimming versus transitioning into the Hydrotherapy swim sessions, guided by a certified Hydrotherapist.

_____ Initials

- I understand that Recreational Swimming and/or the therapeutic services provided by Pawtherapy, are never substitutes for Veterinary Medicine and as such will seek veterinary care for any problems that may arise, or if the staff at Pawtherapy advise it. I assume full financial responsibility for any and all expenses involved.

_____ Initials

- I understand that there are risks associated with swimming if my dog(s) are not well supervised, exercising in a safe and controlled manner, or are not physically well enough. As such, I agree to follow the policies and procedures outlined by Pawtherapy and will continuously provide accurate and current information, pertaining to the health status of my dog(s).

_____ Initials

- Despite the cleanliness of the water and facility, some dogs may be more prone to skin irritations, ear infections, etc. when in the water or if they are not dried properly. I have been informed of the risks associated with my dog(s) participating in swimming/dock diving and do not hold Pawtherapy accountable for conditions that may result after swimming in the pool. I assume full financial responsibility for any and all expenses involved.

_____ Initials

- I confirm that my dog(s) have been examined by a veterinarian and received vaccinations within the last 12 months and that to the best of my knowledge, the described dog(s) do not have/or had any pre-existing medical conditions and/or diseases that may be adversely affected by swimming, dock diving or any other activities offered by/at the facility of Pawtherapy.

_____ Initials

- I understand that I am solely responsible for any damages / harm caused by myself, my dog(s), as well as any accompanying guests while visiting Pawtherapy.

_____ Initials

- I understand that my dog(s) are required to wear a fitted K9 life jacket/flotation aid (either supplied by yourself or Pawtherapy) during every swim session and only once the dog's physical fitness/behaviours in the water have been thoroughly assessed and confirmed by a trained Hydrotherapist, can these pieces of equipment be eliminated from the swim sessions.

Please note – To ensure the safety of your dog, we strongly recommend that your dog(s) always wear a life jacket.

_____ Initials

- **I understand that swimming is far more physically and mentally stimulating than other forms of exercise and as such my dog(s) can experience normal side effects such as: increased respiration/heart rate, fatigue/muscle weakness during and after their session. I understand that constant supervision, frequent rest periods, and additional safety aids are required to ensure everyone's safety.**

_____ Initials

- I understand the disruption and expenses associated with an accident in the pool (i.e., feces) and as such acknowledge the importance of allowing them time outside to properly eliminate themselves, before a scheduled swim session. I agree to use appropriate swimwear on my dog(s) that have a known medical condition, whereby frequent accidents or the inability to control their bladder/bowels, may result. **I understand that a fee of \$300.00, will be incurred in the event of pool contamination during my dog(s) swim session, and as such agree to pay the outlined fee.**

_____ Initials

- Routine maintenance to the facility and equipment, as well as standard safety procedures are implemented to prevent injury and death. I understand that accidents can occur, despite the best efforts of Pawtherapy. As per the following agreement, I release 1000315573 Ontario Limited operating as Pawtherapy – K9 Aquatic & Massage Centre of any responsibility/liability with respect to losses or damage from slips, falls, disease, fire, theft, death or injury to myself, dog(s) and accompanying guests.

_____ Initials

Medical Treatment:

In the event of a medical emergency related to either: myself, dog(s), or any of my accompanying guests/affiliated participants, I, _____ (Please print), give permission for the staff of Pawtherapy to call/arrange for emergency medical services (including transportation and hospitalization, if necessary). I give permission to the staff of Pawtherapy to implement basic human and/or canine first aid as deemed necessary, until additional medical aid is available.

Owner's Signature(s): _____

Liability & Release Waiver:

The undersigned warrants that he or she is the owner/guardian or person solely responsible for the dog(s) partaking in the therapeutic or recreational services provided by/at 1000315573 Ontario Limited operating as Pawtherapy K9 Aquatic & Massage Centre and therefore accepts and promises full responsibility by this indemnity for damage to property, injury or death, people (including but not limited to: staff, guests, volunteers, contractors) or other dogs that may be making use of the grounds or pool area by the undersigned and/or his or her dog(s).

I further agree to save harmless and keep indemnified 1000315573 Ontario Limited operating as Pawtherapy K9 Aquatic & Massage Centre, its officers, employees, servants or agents from and against all claims, actions, causes of action, costs, expenses and demands in respect to injury, death, loss or damage to any person or property, or the person or property of anyone who attends at the premise of 1000315573 Ontario Limited whether it is caused by mistake, omission, negligence, accident or otherwise; and further waives subrogation claims of insurers.

I acknowledge that when participating in recreational swim sessions or therapeutic services (i.e., Hydrotherapy, Massage Therapy or Kinesiology Taping), 1000315573 Ontario Limited operating as Pawtherapy K9 Aquatic & Massage Centre will not be responsible for any injuries that a I may incur to myself, my dog(s) or to my children/guests accompanying me, whether they are caused by mistake, omission, negligence, accident, or otherwise.

Name of Dog(s): _____

Owner's Name(s): _____ *(Please Print)*

Owner's Name(s): _____ *(Please Print)*

Owner's Signature(s): _____

Date Signed: _____

Pawtherapy Staff Member: _____

Date Signed: _____