



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

## **Liability & Release Waiver**

### **(Pertaining to Hydrotherapy, Massage Therapy & Kinesiology Taping)**

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

#### **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 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

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#### **Acknowledgment & Understanding of Services:**

- I understand that a **Veterinary Referral is required** in order for my dog(s) to participate in Hydrotherapy, Massage Therapy sessions and as such 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 has knowingly come into contact with.

\_\_\_\_\_ Initials

- I understand that if my dog(s) have not visited Pawtherapy for services extending beyond 30 days from the initial Veterinary referral, I may be asked for another referral to be completed.

\_\_\_\_\_ Initials

- I understand that the staff of Pawtherapy at any time, can discontinue service if they do not feel it is in the best interest of my dog. I understand that at any time, I may be required to obtain a more thorough/up-to-date Veterinary Referral, in order for my dog to continue receiving their care.

\_\_\_\_\_ Initials

- I understand that Canine Hydrotherapy, Massage Therapy & Kinesiology Taping 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 understand that there are risks associated with these therapies and as such will provide accurate and current information pertaining to my dog's health status. I assume full financial responsibility for any and all expenses involved.

\_\_\_\_\_ Initials

- I understand that there are risks associated with any type of therapeutic modalities and that certain health conditions, injuries, surgeries, and medications may put my dog at greater risk when participating. I will inform Pawtherapy if at any time my dog is seeking additional care from a Veterinarian, Canine Physiotherapist, Canine Chiropractor, TTouch Practitioner, Canine Acupuncturist, etc.

\_\_\_\_\_ 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 swim sessions 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 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 that my dog(s) are required to wear a fitted K9 life jacket/floatation aid (either supplied by yourself or Pawtherapy) for all Hydrotherapy swim sessions.

\_\_\_\_\_ 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

- 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

- 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 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:* \_\_\_\_\_