

PLEASE COMPLETE ALL AREAS WITH ASTERISK



Central Bark® General Release Form  
For Birthday Parties, Grooming, Training and other outside services

\* Parents Name: \_\_\_\_\_ Dog's Name: \_\_\_\_\_  
Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F / NM / SF  
\* Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
\* Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

For myself, my heirs and any assigns, I hereby release Central Bark Doggy Day Care (CBDDC), its agents, officers, subcontractors, employees, animal parents, customers and potential customers of CBDDC from any and all liabilities for injuries to myself, my dog, or any other property of mine which arise in any way out of services and/or products provided by or as a consequence of my association with CBDDC. I acknowledge and understand that every dog reacts differently and that animals, by nature are unpredictable.

Dogs and animals may, without warning, bite or cause injury to humans and other dogs. I acknowledge and understand that there are certain risks involved in dog ownership, training and care, including but not limited to dog fights, dog bites to humans or other dogs and the transmission of disease.

With my signature below, I accept exclusive and sole responsibility for these and all other risks and release CBDDC of all liability, no matter the cause.

Health Verification

\* I, \_\_\_\_\_, hereby certify that my dog(s), \_\_\_\_\_  
\_\_\_\_\_ is/are in good health and has/have not been ill with any communicable  
disease in the last 30 days.

I further certify that my dog(s) has/have not harmed or shown aggressive or threatening behavior towards any person or any other dog.

\* Vaccinations:  
DHLPP expiration: \_\_\_\_\_  
Rabies expiration: \_\_\_\_\_  
Bordatella expiration: \_\_\_\_\_

List all allergies: \_\_\_\_\_

\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\* Print Name: \_\_\_\_\_