



**Halifax Humane Society, Inc.**  
**Boarding, Grooming and Travel Center (HHSBGTC)**  
**Boarding & Grooming Agreement**

**PLEASE READ CAREFULLY BEFORE SIGNING. THIS AGREEMENT INCLUDES A RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS AND DEPRIVES YOU OF THE RIGHT TO SUE HALIFAX HUMANE SOCIETY, INC. BOARDING, GROOMING AND TRAVEL CENTER HEREAFTER REFERRED TO AS HHSBGTC AND RELATED PARTIES. DO NOT SIGN THIS AGREEMENT UNLESS YOU HAVE READ IT IN ITS ENTIRETY. SEEK THE ADVICE OF LEGAL COUNSEL IF YOU ARE UNSURE OF ITS EFFECT, SERVICES POLICIES, PROCEDURES, AND ANIMAL RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT.**

**ANIMAL UNPREDICTABILITY AND VOLATILITY:** I understand that every animal reacts differently and that animals by nature are unpredictable. I understand and acknowledge that animals may bite or cause other injury to humans and other animals without warning or reason. I acknowledge and understand that there are certain risks involved in a social environment, boarding, daycare, and grooming, including but not limited to animal fights, animal bites to humans or other animals, and the transmission of disease.

**RIGHT TO REFUSE SERVICE:** HHSBGTC has the right to refuse service for any reason it deems. In the event of an animal that cannot be groomed safely without danger to the groomer/employees/ or others, HHSBGTC will use muzzles, Elizabethan-collars, slings, straps, etc. Grooming services may be stopped mid-groom if necessary for the safety of the animal or groomer. In the event an animal cannot be safely handled while in our care as a boarding client, HHSBGTC will make every effort to contact the owner or agent for pick-up. Service fees may still be applied.

**DUTY TO DISCLOSE:** I have disclosed and will continue to disclose on an ongoing basis, any and all medical or other conditions, including but not limited to personality concerns or behaviors that may affect, limit or prevent my animal's ability to participate and/or attend HHSBGTC programs and activities.

**GENERAL GROOMING AND MATTED ANIMAL POLICY:** I agree that HHSBGTC shall not be responsible or liable for any lost, stolen, or damaged personal property belonging either to my animal or me. I also understand and agree that my animal's collar may be removed in the grooming area to prevent injury to any animal. Animals with matted coats will require extra attention. If the matting is minimal and the animal responds well, demating will be attempted for an extra fee. However, if the matting is severe, the least painful and stressful way to remove the mats is by shaving the animal. There is a greater risk of nicking or scratching a matted animal during the grooming process. In addition, the skin may appear red, itchy and irritated due to the lack of oxygen reaching in and under the mats. HHSBGTC will not be held responsible for any injury sustained while grooming a matted animal, including any after effects. This includes, but is not limited to swelling, redness, itchiness and self-inflicted abrasions due to external rubbing.

**ACCIDENTS:** I understand and am aware that all due care will be taken with my animal for the safety of the animal and the groomer. Every effort will be taken to make sure your pet is groomed as safely and carefully as possible. But, unfortunately, accidents do happen. Animals are licking, scratching, jumping, and overall wiggly creatures. Whereas grooming tools, by necessity, are sharp instruments. If there is a severe mishap we will contact you immediately but will take the necessary measures to get your pet the medical attention he/she requires. HHSBGTC will not be responsible for any costs related to this.

**MEDICAL EMERGENCY POLICY:** In the case of illness or injury, I the undersigned, do hereby give my consent and full permission to make any needed decision concerning medical treatment of my animal(s). I authorize urgent veterinary treatment of my animal(s) and I understand that I will be fully responsible for all fees and charges incurred on my behalf. HHSBGTC reserves the right to utilize the services of any available veterinary clinic. I understand that a fee of \$25.00 will be assessed to cover the transportation cost of taking my animal to and from the vet and/or drug store to pick up medications. I agree to reimburse HHSBGTC for the cost of the medications and treatment. I understand that HHSBGTC will (as a courtesy) administer medications to my animal if I request them to do so but that I will not hold HHSBGTC liable in any way in relation to administering medications. HHSBGTC and/or any staff member will not be held liable or responsible in any manner, under any circumstances, on account of the care, treatment or safe keeping of my pet(s) or other personal property. While all reasonable precautions will be taken to avoid illness, injury or escape of my pet(s), it is thoroughly understood that I assume all risks.

**VACCINATION POLICY:** I also understand that all animals entering HHSBGTC are required to have proof of current vaccinations and to be on an appropriate flea/tick/intestinal parasite preventative program. **Dogs** must have proof of current DAPP vaccine (Distemper/Adenovirus/Parainfluenza/Parvovirus), Bordetella vaccine and rabies vaccine. **Cats** must have proof of current FVRCP (Feline Herpes/Calicivirus/Panleukopenia) and rabies vaccine. All other animals must be current with vaccinations appropriate to their species. Only vaccines given by a licensed veterinarian will be accepted, all others will be void. These are minimum vaccination requirements and are necessary for the safety of all the animals staying at HHSBGTC.

**HOURS OF OPERATION AND CHARGES:** I also understand that HHSBGTC hours are Monday – Sunday from 7 am to 6 pm, and I must promptly pick-up my animal before 5:30 pm. Reservations for boarding and grooming are required, and cancellations not made by 5:30 pm one business day prior to the scheduled visit will be charged full fees and invoiced to the pet owner. By signing below, I accept exclusive and sole responsibility, financial or otherwise, for these and all other risks and release HHSBGTC and all related parties from all liability. Pets picked up after 5:30 pm will be subject to an additional fee of \$14.00. Pets are admitted and dismissed only during kennel hours.

**NO-SHOWS/CANCELLATIONS:** Please give us at least a 24-hour notice if you cannot make it to your appointment. The first time you are a no call/no show a \$20.00 charge will be added to your next appointment. After the second no call/no show you will be required to prepay for all your future appointments.

**UNCLAIMED/ABANDONED ANIMAL(S) POLICY:** No animal may be abandoned at HHSBGTC. I agree that I will not neglect to pick up my animal from boarding, grooming or daycare services by the time he/she is scheduled to leave without providing notification. It is further understood that such action will not relieve me from paying all costs of services. A credit card or another form of payment will be required on all boarding pets as a deposit. Payment will be posted every 14 days. If payment is declined at that time, your pet(s) will be considered abandoned. Any animal that is left at HHSBGTC without any contact, instruction or notification time from me, of the ability, willingness or plans to pick him/her up by myself or my personal representative or agent, will be considered abandoned on the third day of such notification failure. I understand that if I abandon my animal at HHSBGTC, HHSBGTC will, by default, become the legal owner and guardian of the animal. HHSBGTC will, in its sole discretion, determine whether to try to rehome and adopt the animal from the HHSBGTC location at which he/she was abandoned or will relinquish the animal to an unrelated shelter of its choice. I FULLY UNDERSTAND AND AGREE THAT IF I ABANDON MY ANIMAL AT HHSBGTC, I MAY BE UNABLE TO RETRIEVE POSSESSION OF MY ANIMAL AND WILL HAVE NO RECOURSE AGAINST HHSBGTC AS PROVIDED FOR BELOW.

**NATURAL DISASTER POLICY:** In the event of a natural disaster (i.e. Hurricane, tornado, flooding, wildfires, etc.) I understand it is my responsibility to pick up my pet (or make arrangements for pick-up) in a timely manner and in accordance with any mandatory evacuations etc. I understand that HHSBGTC will do everything reasonably possible to secure the safety of my pet during a natural disaster and I agree to indemnify, release and hold HHSBGTC harmless of any and all liability related to any natural disaster of any sort.

**ANIMAL PHOTOS AND VIDEO RELEASE:** I Agree to allow any HHSBGTC location, its owners, employees, officers, directors and agents to use my animal’s name and any images or likeness of my animal taken while he/she is an animal at HHSBGTC, in any form or format, for use, at any time, in any media, marketing, advertising, illustration, trade or promotional materials. I agree that this provision shall be binding on me and all of my successors, heirs, legal representatives and assigns.

**WAIVER, RELEASE AND INDEMNIFICATION:** I hereby agree to expressly and forever generally waive, discharge claims, indemnify, release from liability, save, hold harmless and defend HHSBGTC, their invitees, sponsors, advertisers, officers, directors, employees, volunteers, agents, representatives, lessors, and all other having interest in HHSBGTC from and against any and all injury, liability, claims, litigation, actions, suits, costs, losses, damages, attorney’s fees, expenses or demands of every character whatsoever on the account of, arising out of, resulting from or relating in any way to any act or omission of the releases, including negligence, and my or my animal’s participation in HHSBGTC services or otherwise. I agree that this release shall be binding on me and my successors, heirs, legal representatives, and assigns. I also expressly and forever release HHSBGTC from any duty to protect me or my animal(s) from injury of any kind, and agree that even if HHSBGTC chooses to implement safety precautions, such action shall not alter the fact that I have released HHSBGTC from any duty to protect me or my animal(s). I understand this is a full, complete and knowing release with no right of recourse.

**I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND ITS TERMS. I AM VOLUNTARILY EXECUTING THIS COMPLETE RELEASE AND WAIVER OF LIABILITY AND UNDERSTAND THAT I AM IRREVOCABLY RELEASING HHS FROM ALL LEGAL CLAIMS AND LIABILITY. I EXPRESSLY AGREE THAT THIS DOCUMENT IS INTENDED TO BE AS BROAD AND INCLUSIVE AS PERMITTED BY THE LAWS OF THE STATE OF FLORIDA AND IF ANY PORTION IS HELD INVALID THE REMAINING PORTIONS SHALL CONTINUE TO REMAIN IN FULL FORCE AND EFFECT.**

**This document shall remain valid until canceled or replaced.**

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Witness Name: \_\_\_\_\_

Signature: \_\_\_\_\_



Halifax Humane Society, Inc.  
Boarding, Grooming and Travel Center (HHSBGTC)  
**Boarding Application**

I the undersigned, hereby acknowledge and agree that all the information provided in the HHSBGTC Boarding Application is complete and accurate to the best of my knowledge. I further acknowledge and agree I have read, understand and agree to all terms and conditions contained in the Grooming Policies, Procedures, and Release, Waiver of Liability, Assumption of Risk and Indemnification Agreement (the "Boarding & Grooming Agreement"), as they may be amended from time to time, which are included and fully incorporated into this application by reference. I hereby execute the Agreement for my animal, myself and my heirs, successors, representative and assigns. I further attest that if I am not the sole owner or representative of the dog subject to this application that my signature is sufficient to enter into this Agreement for and on behalf of any other owner or representative.

#### Customer Information

Date: \_\_\_\_\_  
 Customer Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Primary Phone number: \_\_\_\_\_ Emergency Number: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 \*How did you hear about HHSBGTC? (Please specify) \_\_\_\_\_

#### Pet #1 Information

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_  
 Color/special markings: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spay/Neuter Status: \_\_\_\_\_ Birthday: \_\_\_\_\_  
 If cat, inside or outside? \_\_\_\_\_

#### Veterinarian Information

Doctor's name and Practice name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ Email/website (if known): \_\_\_\_\_  
 Any alternate Vet info: \_\_\_\_\_  
 Any medical problems currently being treated/medications: \_\_\_\_\_

#### Must provide proof of current vaccination records.

Any past boarding or grooming information/ problems we need to be aware of:  
 \_\_\_\_\_  
 \_\_\_\_\_

#### Pet #2 Information

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_  
 Color/special markings: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spay/Neuter Status: \_\_\_\_\_ Birthday: \_\_\_\_\_  
 If cat, inside or outside? \_\_\_\_\_

#### Veterinarian Information

Doctor's name and Practice name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ Email/website (if known): \_\_\_\_\_  
 Any alternate Vet info: \_\_\_\_\_  
 Any medical problems currently being treated/medications: \_\_\_\_\_

#### Must provide proof of current vaccination records.

Any past boarding or grooming information/ problems we need to be aware of:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Pet #3 Information**

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_  
Color/special markings: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spay/Neuter Status: \_\_\_\_\_ Birthday: \_\_\_\_\_  
If cat, inside or outside? \_\_\_\_\_

**Veterinarian Information**

Doctor's name and Practice name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email/website (if known): \_\_\_\_\_  
Any alternate Vet info: \_\_\_\_\_  
Any medical problems currently being treated/medications: \_\_\_\_\_

**Must provide proof of current vaccination records.**

Any past boarding or grooming information/ problems we need to be aware of:  
\_\_\_\_\_

**Pet #4 Information**

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_  
Color/special markings: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spay/Neuter Status: \_\_\_\_\_ Birthday: \_\_\_\_\_  
If cat, inside or outside? \_\_\_\_\_

**Veterinarian Information**

Doctor's name and Practice name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email/website (if known): \_\_\_\_\_  
Any alternate Vet info: \_\_\_\_\_  
Any medical problems currently being treated/medications: \_\_\_\_\_

**Must provide proof of current vaccination records.**

Any past boarding or grooming information/ problems we need to be aware of:  
\_\_\_\_\_