



Client Information / Waiver

Full Name:	
Home Phone:	
Work Phone:	
Cell Phone:	
Spouse/Partner Phone:	
E-mail:	
Emergency Contact Person(s) Name & Phone:	
Relationship (ie: family member, friend, etc):	

Permission to publish my dog's photo on facebook.com/sleepymeadows _____

Authorization & Waiver

I am registering my dog(s) with Sleepy Meadows Farm & Kennel.

Although every precaution will be taken to ensure the safety and well-being of my dog(s), there are possible risks including injury, death or loss. I understand and accept these risks. I give permission for my dog(s) to be off-leash during exercise and play sessions with other dogs.

If an emergency arises, I will not hold Sleepy Meadows Farm & Kennel responsible. I authorize the treatment of my dog(s) by a veterinarian, if necessary. I will pay for all medical costs and veterinary bills, and reimburse Sleepy Meadows Farm & Kennel for any veterinary expenses and/or medical bills incurred on my dog's behalf.

I agree with the above terms. I understand this waiver will apply each and every time I place my dog(s) in the care of Sleepy Meadows Farm & Kennel and/or their agents.

Name of Pet Owner (please print):	
Signature of Pet Owner:	
Date Signed:	