

SPOILED ROTTEN LLC

Enrollment Form

119 Liberty St.
Danvers, MA 01923

Dog's Name(s)

Breed

Color/Markings

Weight

Date of Birth

Sex (circle one): M F

Spayed/Neutered? (circle one): Y N

Does your dog have any medical conditions/allergies? _____

Is your dog food/toy aggressive? _____

Owner Name(s)

Primary cell #

Address

City

State

Zip

Email Address

Emergency Contact (other than you)

Dog's Veterinarian

Vet Phone #

I understand that I am solely responsible for any harm caused by my dog(s) while my dog(s) is/are attending Spoiled Rotten. I agree to indemnify, defend and hold harmless Spoiled Rotten, its employees and officers from any and all claims, damages or causes of action arising from my dog's attendance and participation at Spoiled Rotten. I further understand and agree that, in admitting my dog(s) to Spoiled Rotten, its employees and officers have relied on my representation that my dog(s) is/are in good health and has/have not harmed or shown aggression or threatening behavior toward any person or other dog. I also understand and agree that the staff will not be held liable for any problems that develop, including, but not limited to, injuries, illnesses and fleas. I hereby release them from any liability of any kind whatsoever resulting from my dog's attendance and participation at Spoiled Rotten. I further understand that any problem that develops with my dog(s) will be treated as deemed best by the staff and officers of Spoiled Rotten, in their sole discretion, and that I will assume full financial responsibility for any and all expenses involved, including, but not limited to, veterinary bills.

SIGN: _____ DATE: _____