

**THE MANETTO HILL ANIMAL HOSPITAL**

*The Manetto Hill Animal Hospital / The Paw Seasons Hotel & Day Spa / Rhain Real Estate LLC (collectively referred to as "The Facility")*

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**SCOUT DOG TRAINING WAIVER**

**WAIVER FORM FOR:** \_\_\_\_\_

**Required vaccinations:** Rabies (for dogs over 8 months), Distemper, Bordetella (every 6 months), Negative Fecal/Heartworm/Lyme test yearly. I certify that my dog is in good health, parasite-free, and current on all required vaccinations.

I understand and agree that while my dog is at The Facility, they must be up to date on all required vaccinations. I acknowledge that even with vaccination, my dog may still contract kennel cough or other illnesses. I accept the risks associated with my dog being in an environment with other animals, including the potential for illness or injury.

All animals participating in training must have had a veterinary exam within the past year and be deemed healthy and fit for training.

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I acknowledge that participation in a group training environment with other dogs carries inherent risks. While Scout Dog Training and The Facility will take reasonable precautions to ensure the safety of all pets and handlers, they are not liable for injuries that may occur during training/socialization sessions. I understand and agree that The Facility, Scout Dog Training, and their employees, volunteers, and affiliates will not be held liable for any illness, injury, or death of my dog or myself/handler.

I accept full responsibility for any injury to my dog(s) or to the handler(s) while on the premises of The Facility or participating in training. I agree to hold harmless The Facility and Scout Dog Training from any claims, liability, damages, expenses (including attorney's fees), or losses that may result from the injury or damages.

I accept full responsibility for any injury my dog may cause to any person, animal, or property while on the premises of The Facility. I accept full accountability for damages incurred and will accept associated costs including veterinary fees and/or medical fees.

This agreement shall remain in full force and effect for all future visits and training sessions at The Facility. I understand that if my dog behaves in a dangerous manner, we (dog and handler) may be asked to leave the class. My signature below certifies that I have read, understood, and agreed to all terms and conditions outlined in this waiver.

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**Agreed and accepted this** \_\_\_\_ **day of** \_\_\_\_\_, **202**

**Owner's Signature:** \_\_\_\_\_