

**SHILOH K9 OBEDIENCE TRAINING & BOARDING CENTER, LLC**

[Northeast Michigan's Premier Location]

3523 Bissonette Road, Glennie, Michigan 48737

[OWNER: David R. Dee] CALL: (989)-429-9138

Website: shilohk9obedience-training.com

Email: shilohk9otb@yahoo.com

**THERAPY DOG VISITATION - CLIENT CONTRACT**

**PERSON & PLACE VISITED:**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: primary- \_\_\_\_\_ cell- \_\_\_\_\_

Email: \_\_\_\_\_

**Therapy Dog & Handler Visitation Record:**

**K9 Handler's Name:** (Print & Sign Name...)

\_\_\_\_\_

**START DATE & TIME:** \_\_\_\_\_

**END DATE & TIME:** \_\_\_\_\_

**Purpose & Description of Visit:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Therapy Dog Information:**

Pet's Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Age: \_\_\_\_\_

Color: \_\_\_\_\_

Weight: \_\_\_\_\_

ID Chip: \_\_\_\_\_

License Tag: \_\_\_\_\_

**Therapy Dog's Health Record:**

Veterinary: \_\_\_\_\_

General Health: \_\_\_\_\_

Vaccines: (REQUIRED) - Dates of Distemper Combo: \_\_\_\_\_

Rabies: \_\_\_\_\_ Bordetella: {"Kennel Cough"} \_\_\_\_\_

Fecal Test Date & Result: \_\_\_\_\_ Negative: [ ] Positive: [ ]

Known Health Issues: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

As Volunteers, the THERAPY DOG and its HANDLER seek to provide a personal and professional service to all of the people and places that we visit. All of our conversations and engagements with our clients will be respectful of everyone's personal privacy. All of the health and well-being issues of our clients are also to be held in strict confidentiality. We will do our best to provide an enjoyable and comforting experience to all of the people who are involved in our visitation.

**LIABILITY WAIVER:** As the person, facility, place of business, or personal residence, being visited by the volunteer THERAPY DOG HANDLER and their dog, I/WE do hereby waive any and all pursuits and/or claims of liability against them, due to any and all unintentional accidents, such as dog scratches, or other incidents of a non life-threatening nature. **[INITIALS: \_\_\_\_\_]**

I/We hereby release SHILOH K9 OBEDIENCE TRAINING & BOARDING CENTER, LLC and its owner, (David R. Dee) from any and all claims of liability!

**PRINTED NAME of PERSON or ESTABLISHMENT:**

\_\_\_\_\_

**SIGNITURE OF PERSON or ESTABLISHMENT REPRESENTATIVE:**

\_\_\_\_\_ / **Date:** \_\_\_\_\_

**SHILOH K9 OBEDIENCE TRAINING & BOARDING CENTER, LLC.**

**Owner:** *David R. Dee*

**Owner's Signature:**

\_\_\_\_\_ / **Date:** \_\_\_\_\_

**ADDITIONAL NOTES:**

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