



Treatment Authorization Waiver & Release

Owners Name (Print) _____

Pet's Name _____

I would like my dog to engage in either assisted swimming or therapeutic swimming at Dawg Paradise, and in support of this activity I agree to the following:

1. I am aware there is not a Veterinarian on site. My Veterinarian is aware that I am pursuing swimming activities for my dog and has advised me of the risks associated with swimming my dog and has cleared my dog for this activity.
2. I have provided Dawg Paradise with a complete and accurate medical history including details of any present injuries and/or illnesses concerning my dog.
3. I understand that swimming dogs is an evolving field and scientific evidence to measure effectiveness is currently limited.
4. I understand the nature and purpose of a swimming program and that such activity may or may not accomplish my desired objective.
5. I understand that the pool at Dawg Paradise is designed for the sole purpose of use with my dog and that said pool is used for my dog at my own risk.
6. I understand that in some instances certain conditions can be exacerbated or worsened by swimming. I understand that there are serious and potentially fatal risks associated with canine swimming programs, including but not limited to animal bites, equipment accidents, injury and drowning.

Understanding all of the above, I hereby authorize Dawg Paradise and their selected staff to provide a swimming program for my dog.

On behalf of myself, my heirs, my personal representatives and executors, I expressly agree to hold harmless and release Dawg Paradise and its employees, officers and agents from any and all responsibility, liability, claims, cause of action or demand of any nature and cause, including costs and attorney's fees.

I have read the above and accept these conditions.

Signature of Owner

Date