

**HEALTH & TEMPERAMENT  
ASSESSMENT AGREEMENT**



100 Animal Avenue  
Sanford, NC 27330

919-776-0076

raezorgbd.office@gmail.com

I hereby certify that my pet(s) is/are in good health and have not been ill with a communicable disease in the last 30 days.

I certify that my pet(s) is/are currently up to date on all vaccination/examination requirements deemed necessary by Rae-Zor Grooming, Boarding & Daycare (RGBD). The vaccination/examination requirements for dogs include **Rabies, Distemper/Parvo, 6-Month Bordetella (Kennel Cough), Canine Influenza (Flu), and Negative Fecal Exam (Intestinal Parasite Screening)**. The vaccination/examination requirements for cats include **Rabies, Distemper (FVRCP), and Negative Fecal Exam (Intestinal Parasite Screening)**. I give permission to RGBD to retrieve all vaccination records and medical/wellness history from my vet clinic.

I further certify that my pet(s) has/have not harmed or shown aggressive or threatening behavior towards any person or any other pet.

I acknowledge that by signing up for daycare or playtime, my pet(s) will be socialized with other pets under the supervision of an RGBD employee. If an appropriate playgroup is unavailable for my pet(s), I understand that my pet(s) will receive enrichment instead of playtime.

I acknowledge all pets entering the facility will be subject to a Health and Temperament Assessment. The Health and Temperament Assessment is required for the staff to gain knowledge on how best to care for each individual guest. **NO GUEST WILL BE TEMPERAMENT-TESTED WITH OTHER PETS UNLESS SIGNED UP FOR DAYCARE OR PLAYTIME. ALL ENRICHMENT SESSIONS ARE WITH EMPLOYEES ONLY.**

I understand that I am solely responsible for any harm or illness caused by my pet(s) attending daycare or other activities.

I further understand and agree RGBD staff will not be liable for any problems that develop provided reasonable care and precautions are followed, and I hereby release them of any liability of any kind whatsoever arising for my pet(s) attendance and participation at the facility.

I agree to notify RGBD if my pet(s) is/are diagnosed with a communicable illness and will keep him/her at home if I am aware of the symptoms.

I further understand and agree that any problems that develop with my pet(s) will be treated as deemed best by the staff of RGBD, and I assume full financial responsibility for any and all expenses involved.

RGBD reserves the right to refuse or terminate the admittance of any pet at any time deemed unsuitable for this environment.

**I CERTIFY THAT I HAVE READ AND UNDERSTAND THE RULES AND REGULATIONS SET FORTH ABOVE, AS WELL AS UNDERSTAND THIS AGREEMENT IN ITS ENTIRETY. I AGREE TO ABIDE BY THE RULES AND REGULATIONS AND ACCEPT ALL TERMS, CONDITIONS, AND STATEMENTS OF THIS AGREEMENT.**

OWNER'S NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_