

## <u>Camp Durant</u> Doggie Daycare Informed Consent and Release from Liability

For	(PET NAME)	, a	(BREED)	belonging to	(CLIENT NAME)
unders					ital Camp Durant doggie daycare, ther dogs also participating in the
and fu unpred but is i	n environment dictability and i	in the play ya nherent risk tl nfections, bite	ord, that my nat placing	pet could become dogs together in a	efforts are made to provide a safe injured or ill because of the shared area creates. This includes neat stress/stroke, escape from the
I give permission for the veterinary staff at <b>VCA Durant Road Animal Hospital</b> to provide immediate medical attention to my pet should injury or illness occur. The hospital will notify me of any incident at the emergency number I provide. I understand that I will be responsible for all medical or surgical treatment costs incurred.					
I understand that for the safety and well-being of all the pets in the Play Yard, that my pet may be removed to an inside kennel if he/she shows signs of aggression, is excessively frightened or intimidated, or is found to be attempting to escape from the enclosure.					
To the best of my knowledge my dog is not aggressive towards other dogs.					
I understand and agree that <b>VCA Durant Road Animal Hospital</b> , its current and former officers, directors, agents, representatives, employees, parent companies, affiliates and subsidiaries (collectively, "VCA") will not be held financially responsible for any injury to my pet while in Camp Durant doggie daycare.					
					e and assume full financial day care and related services to my
Date					
Signed	d			Printed Nam	le
Emerg	ency Contact I	Number		_	

This consent will be kept on file and active unless revoked by me.