

Doggie Daycare Waiver and Consent Form

I understand I am allowing my dog(s) to participate in the Doggie Daycare Program at Crossroads Animal Hospital. I also understand that my pet(s) must be current on vaccines, and I consent to having Crossroads Animal Hospital administer any and all needed vaccinations. I also understand that Crossroads Animal Hospital is a parasite-free environment, and that a preventative will be administered, at my cost, if any external or internal parasites are found.

I further understand that due to the way dogs interact with one another, minor cuts and/or scratches can occur even though the dogs are carefully supervised at all times. Should a medical emergency arise, I give consent to Crossroads Animal Hospital to perform any medical procedures deemed necessary. I understand and agree that any problem or injury that develops with my dog is my responsibility, as well as that I am responsible for any harm caused by my dog.

By signing the form, I hereby release Crossroads Animal Hospital, the staff, and the doctors, from all liability for any injuries that may occur in the participation and play time activities of Doggie Daycare.

By enrolling my pet in Doggie Daycare, I am giving Crossroads Animal Hospital permission to use my pet's photo for promotional use (social media, website, etc).

This release may be retained on file for multiple use until discontinued by client written request.

Crossroads Animal Hospital reserves the right to remove a pet/pets from daycare at any time due to aggression and/or incompatibility with our program.

Signature

Date