



## Doggie Daycare Release Form

I hereby certify that I am the guardian of \_\_\_\_\_, the dog that will participate in Doggie Daycare.

1. I understand that other dogs will attend Doggie Daycare and that, during the course of participation, my dog may come into direct contact with all other participating dogs.
2. I hereby certify that the above named dog has been fully vaccinated for canine distemper, canine parvo virus, canine hepatitis, canine parainfluenza (DHPP) as well as bordetella (kennel cough) every six months, and rabies. The requirements to participate in Doggie Daycare are as follows: DHPP within the last 3 years for adults, 1 year for puppies; bordetella within the last six months, and rabies in accordance with local laws.
3. I am aware that my dog may be exposed to those infectious diseases described above. However, since Good Hands Veterinary Hospital has advised me that my dog should be fully vaccinated against these diseases before attending Doggie Daycare, I alone assume responsibility for any such exposure. I also acknowledge that in addition to the diseases described above, my dog may be exposed to other infectious diseases. However, in order for my dog to participate in Doggie Daycare, I alone assume the responsibility of such exposure to all other infectious canine diseases.
4. I am aware that given the sometimes unpredictable nature of dogs, an interaction could occur between animals at the daycare which may result in injury to my dog, to other dogs, or to other people. I alone assume responsibility for any such injury. As to Good Hands Veterinary Hospital and its employees, I hereby waive and release any actions, causes of actions, damages, rights, claims or lawsuits which I may have for (a) any and all personal injury or property damage which may be sustained arising out of any interaction between dogs participating in Doggie Daycare; and (b) any and all injury, illness or disease sustained by my dog arising out of, or stemming from, its participation in Doggie Daycare.
5. I have read and understand this release form and I will honor and abide by the terms and conditions set forth above.

Date: \_\_\_\_\_ Dog's Name: \_\_\_\_\_

Printed Name of Dog Owner: \_\_\_\_\_

Signature of Dog owner: \_\_\_\_\_