



Veterinary Care Release Form/Waiver - Dog Walking/Pet Sitting

Dog(s)/Pet(s) Name: _____ Is your dog neutered/spayed? _____

Veterinary Clinic: _____ Clinic Phone #: _____

What flea control product is your pet currently on? _____

Do you have pet insurance? _____

Does your pet have any health (i.e. allergies) or behaviour (i.e. biting) concerns that K9'S in KAHOOOTS should be made aware of?

I understand that I am solely responsible for any harm caused by my dog(s) while my dog(s) is/are attending walks, pet sitting or any activities with K9'S in KAHOOOTS Inc.

I also understand and agree that in admitting my dog(s), K9'S in KAHOOOTS Inc. has relied upon my representation that my dog(s) is/are in good health and have not harmed or shown aggressive or threatening behaviour towards any person or any other dog.

In the event that my pet requires veterinary services while in the care of the professionals at K9'S in KAHOOOTS Inc., I grant permission to Darlene Johnson, or an appointed associate to act on my behalf and agree to pay for any and all charges incurred, or any kenneling fees, which may result. If my usual veterinarian is unavailable, K9'S in KAHOOOTS Inc. has my permission to use another veterinarian at their discretion.

I will not hold K9'S in KAHOOOTS Inc., Darlene Johnson, or any associates of K9'S in KAHOOOTS, responsible for any injury or illness my pet may suffer in their care.

I hereby release and agree to save and hold harmless, K9'S in KAHOOOTS, it's directors, officers, shareholders, employees, assistants, members or agents from any and all liability, claims, suits, actions, loss, injury, or damage of any nature or kind, or for any liability, claims, suits, actions, loss, injury or damage which I or my dog(s) may sustain or which may be caused in any way by my dog(s). I specifically, without limitation, agree to fully indemnify K9'S in KAHOOOTS Inc. for any and all such liability, claims, suits, actions, losses, injury or damage.

To the best of my knowledge, I have made K9'S in KAHOOOTS Inc. aware of any and all concerns regarding my pet's health by noting them on this form. Further, I grant K9'S in KAHOOOTS Inc. access to my pet's veterinary records.

I certify that I have read and understand the rules and regulations set forth herein and that I have read and understand this agreement. I agree to abide by the rules and regulations and accept all the terms, conditions and statements of this agreement and confirm the truthfulness of the contents of the Care Giver Information sheet completed by me.

My dog(s)/pet(s) is/are up to date on all necessary vaccinations including:

DHLPP (booster) Last vaccination date: _____

Rabies Last vaccination date: _____

Bordetella (kennel cough) Last vaccination date: _____

I _____, acknowledge that I have read and fully understand the above.

Signature: _____ Date: _____

Witness: _____ Date: _____