Pets Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owners Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_ I understand that my dog will be playing and intermingling with other dogs throughout his/her stay at Carolinas Veterinary Medical Hospital.

\_\_\_\_\_ I do not wish for my pet(s) to interact with other dogs.

Carolinas Veterinary Medical Hospital is to use all responsible precautions against illness, injury, or escape of my pet(s), but Carolinas Veterinary Medical Hospital will not be held liable or responsible in any manner whatever, under any circumstances, on account of the care, treatment, or safe keeping of my pet(s), as it is thoroughly understood that I assume all risks. I understand that I am financially responsible for any illness/injury sustained to my dog during his stay with Carolinas Veterinary Medical Hospital.

My pet(s) must be fully vaccinated and a fecal exam within the last 12 months. If I cannot show proof of such vaccinations and fecal exam, then I give my permission for Carolinas Veterinary Medical Hospital to administer the vaccines and perform a fecal exam required for boarding my pet.

I agree that if fleas/ticks/parasites are seen on my pet(s) by an associate of Carolinas Veterinary Medical Hospital, I give permission for Carolinas Veterinary Medical Hospital to treat fleas as they see appropriate. This will be at an additional cost applied at my expense.

In case of illness or injury, I, the undersigned, do hereby give my authorization and consent for the doctors of Carolinas Veterinary Medical Hospital to treat, prescribe for, or operate upon my pet(s) while day boarding at Carolinas Veterinary Medical Hospital. I agree that Carolinas Veterinary Medical Hospital, in its discretion, give first aid, medication, or other attention deemed necessary for the health, and safety of my pet.

Carolinas Veterinary Medical Hospital is authorized by the me to provide veterinary care, including emergency care, at my expense. If we believe that your pet needs care, time permitting, we will attempt to contact you before providing that care, but this document serves as our authorization to provide veterinary care for your pet in the event we are unable to reach the owner.

The owner is responsible for the expenses of veterinary care, whether you have been reached in advance. Your signature on this authorization permits Carolinas Veterinary Medical Hospital to make reasonable care decisions regarding your pet. In the unlikely event that a pet passes away while a guest of Carolinas Veterinary Medical Hospital we will contact you and discuss your options of aftercare. I certify that I have read, understood, and agree with the policies of the above content.

EMERGENCY PHONE NUMBER(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

This release form is valid for 1 year from the above date.