



## Puppy Play Group Release Form

### Owner's Information

---

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

Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

### Pet Information

---

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

Age: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Is your pet spayed or neutered? YES NO

---

I understand that if my puppy is in heat, exhibits signs of illness, is positive for intestinal parasites, or has fleas that my puppy cannot participate in puppy playgroups until treated and fully recovered.

I understand that my puppy must remain current on vaccines and a negative stool sample in order to participate in puppy play groups.

I understand that personal items such as leashes, collars, harnesses and toys will not be left at Animal Clinic and Wellness Center to avoid any loss or damaged items.

I understand that if my pet is injured or becomes ill during their play group that Animal Clinic and Wellness Center cannot be held liable. We will exercise all precautions to avoid illnesses or injuries. Because we are a veterinary hospital, we can readily treat any illness or injury.

\_\_\_\_ Initiate treatment without notice

\_\_\_\_ Attempt to contact me and if I'm not available, initiate treatment without notice

\_\_\_\_ Attempt to contact me and if I'm not available, DO NOT initiate treatment without notice

Animal Clinic and Wellness Center has my permission to use pictures and/or videos of my puppy on their social media pages. YES NO

Animal Clinic and Wellness Center has my permission to give my puppy treats. YES NO

***I have read and understand the hospital's policies and fees. I understand the release form is completed once, and if there are any changes that I will let Animal Clinic & Wellness Center of any updates.***

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_