

COME-PLAY-STAY! AT SOUTH MESA

Group Turn-Out Consent Form

Dog: _____ Last Name: _____

In order to establish a safe and healthy environment for all participants in group turnouts, this facility requires that all dogs attending group play times have proof that appropriate vaccines have been administered and are current.

By initialing each section, I confirm that I have read and understand the following:

____ 1. I certify that my dog(s) has received Rabies, Distemper and Bordetella vaccines.

____ 2. I verify that the above named dog(s) are in good health and to my knowledge have not shown clinical signs of any communicable disease within the last 14 days. I further certify that my dog(s) have not caused harm nor shown aggressive or threatening behavior toward people or dogs.

____ 3. I understand that attendance by my dog(s) during group turn-outs involves group play with other dogs. Although the staff at this facility will closely supervise all participants, I accept that play behavior, unknown or undocumented aggression, or participation in routine daily activities can lead to altercation or injuries. I assume the risks of and responsibility for the costs to treat any injuries my dog(s) sustains while playing at this facility. I further understand and accept that in the absence of negligence, the owners and staff will not be held liable for any injuries or deaths related to my dog(s) participation in this program.

____ 4. In the event my dog(s) contracts a communicable disease during the time he/she is attending this program, I assume the risks and accept the responsibility for the costs of all treatments. I also agree to withhold my dog(s) from this program until he/she has been free of any signs of communicable disease for at least 48 hours. Although risks of acquiring a communicable disease are small, I accept them and in the absence of negligence; agree to hold the facility harmless from expenses incurred for treatment.

____ 5. I understand and agree that if the need arises, emergency medical care for my pet will be sought from one of our staff veterinarians and I agree to pay all reasonable costs for such treatment. I have been informed that someone from this facility will attempt to call me as soon as the situation is stable, at which time authorization for further care will be transferred to me.

I have read this consent and understand that some risks always exist when groups of dogs are allowed to intermingle. I have been encouraged to discuss any concerns I have about those risks and have had my questions answered to my satisfaction.

Signature of Owner or Authorized Agent

Date