

VCA NORTHWEST ANIMAL HOSPITAL AND PET CARE CENTER



AT VCA ANIMAL HOSPITALS, WE CARE

4575 N. Chestnut St. Colorado Springs, CO 80907

Client Name: _____ Pet(s) Name: _____

BOARDING PLAY GROUP AND DOGGIE DAY CARE AUTHORIZATION FORM

I am enrolling my dog(s) into Doggie Daycare and/or a Boarding Playgroup. I understand that my dog(s) will have close contact with other dogs during playtime. To enter this program my dog(s) must pass an aggression test to determine whether he/she may safely interact with other dogs in the program. To my knowledge my dog(s) is not aggressive towards other dogs or displays protective behavior over food or toys. Whereas it is understood that VCA Northwest Animal Hospital and Pet Care Center and its staff will take precautions to prevent injury, escape or death, if for some reason a playtime member acts unpredictably, and my pet is injured, or dies, I agree not to hold VCA Northwest Animal Hospital and Pet Care Center and its staff, VCA or any other entity associated with VCA, responsible for such acts. Furthermore, if my dog(s) require medical care at VCA Northwest Animal Hospital, I authorize such medical care by VCA Northwest Animal Hospital doctors (or whomever they may appoint) so as to provide for the care and comfort of my pet(s) and agree to pay for such services if needed. It is explicitly understood that if I choose to seek medical care for any condition, and/or complication of medical care initially received at VCA Northwest Animal Hospital, at a veterinarian or facility other than VCA Northwest Animal Hospital I will assume full financial responsibility myself.

This authorization is in effect in perpetuity and covers any visits or time that my dog(s) attend Doggie Day Care or participate in any boarding playgroup.

Contact Phone Number: _____

SIGNATURE OF OWNER/AGENT

DATE