

VCA Day Care & Camp Boon Informed Consent and Release from Liability

I am giving permission for my pet to participate in the VCA Boonsboro Animal Hospital Day Care/Camp Boon program, understanding that he/she will either be in Camp Boon or another designated play area.

I understand that though my pet will be supervised and that full efforts are made to provide a safe and fun environment in the play yard, that my pet could become injured or ill because of the unpredictability and inherent risk that placing dogs together in a shared area creates. This includes but is not limited to infections, bite wounds, orthopedic injuries, heat stress/stroke, escape from enclosure, and death.

I give permission for the veterinary staff at VCA Boonsboro Animal Hospital to provide immediate medication attention to my pet should injury or illness occur. The hospital will notify me of any incident at the emergency number I provide. I understand that I will be responsible for all medical or surgical treatment costs incurred.

I understand that for the safety and well being of all the pets in the play yard, that my pet may be removed to an inside kennel if he/she shows signs of aggression, is excessively frightened or intimidated, or is found to be attempting to escape from the enclosure.

To the best of my knowledge my dog(s) is **NOT** aggressive towards other dogs.

I understand and agree that VCA Boonsboro Animal Hospital, its current and former officers, directors, agents, representatives, employees, parent companies, affiliates, and subsidiaries (collectively, "VCA") will not be held financially responsible for any injury to my pet while in Day Care or Camp Boon.

I have read, understand and agree to the policies set forth above and assume full financial responsibility for all charges and services incurred for providing day care and related services to me dog.

_____ - Please let my dog(s) play in "Camp Boon"

Initials

Signature

Print Name

Emergency Contact Number

Date

Dog(s) Names: _____

