



Barkers Hotel Day Care Informed Consent and Release from Liability

For \_\_\_\_\_, a \_\_\_\_\_ belonging to \_\_\_\_\_.

(PET NAME)

(BREED)

(CLIENT NAME)

I am presenting my pet for the VCA Simmons Barkers Hotel Day Care program, understanding that he/she will be in a common play yard with other dogs also participating in the Day Care program.

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 the enclosure, and death.

**I give permission for the veterinary staff at VCA Simmons Animal Hospital to provide immediate medical 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 and walked one on one with a Hotel Associate 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 is not aggressive towards other dogs. \_\_\_\_\_

Initial

I understand and agree that VCA Simmons Barkers Hotel, 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 Doggy Day Care.

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 my dog.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Emergency Contact Number

This consent will be kept on file and active unless revoked by me.