



Daycamp Release

Pet(s) Name: _____

First and foremost the safety and well being of your pet(s) is of the highest importance. Insuring that your pet remains safe and well cared for is our first responsibility and as such, we take it very seriously.

1. I authorize this signed contract to be valid approval for future daycamp services without having to sign additional contracts each time my pet returns for subsequent visits to Leesville Animal Hospital.
2. I understand the vaccination/exam requirements (current Rabies, Bordetella, Distemper/Parvo, and annual parasite screening) for my dog to participate in day care. I also understand that even though all pets are properly vaccinated in the facility, a medical situation could arise due to the communal group of dogs. I, the client, will be responsible for any and all medical costs if my dog catches a communicable disease while under the care of Leesville Animal Hospital.
3. I understand that my dog must be flea and parasite free to participate. If fleas are noted on any animal, that animal will be treated immediately with an appropriate product. There will be an additional charge for any necessary flea or parasite treatment.
4. I have not held back any information from Leesville Animal Hospital's staff as to whether my dog has ever been in a dog fight or bitten any other dog or person whether it was at my home, on a walk, dog park, different boarding or daycare facility, etc. If my dog is known to climb or scale fences, I have alerted the staff.
5. I understand the hours of Leesville Animal Hospital. I understand that my dog will be boarded overnight if I am late to pick up my dog. Regular boarding rates will apply.
6. I understand that, while Leesville Animal Hospital takes careful precautions to avoid injury or illness to my pet, these risks do exist and that I am financially responsible for the associated veterinary care if my dog is injured or becomes ill as a result of attending daycare. I understand that, much like allowing a child to attend daycare or play a contact sport, risks of illness or injury are inherent and the associated medical costs are the responsibility of the parent (pet owner). I understand and agree that Leesville Animal Hospital and its staff are not liable for any accident or injury that may occur.
7. I understand that any problems, including but not limited to injury or accident, illness, or death, that occurs while on the Leesville Animal Hospital premises will be treated as deemed best by the veterinarian on duty. Should the hospital not be able to reach me within a reasonable amount of time, I authorize the attending veterinarian to administer the minimum medical treatment required to ensure the health and safety of my pet. I will also assume full financial responsibility for any subsequent expenses incurred.

8. I hereby release Leesville Animal Hospital of any liability of any kind arising from my dog's participation in any and all services provided by Leesville Animal Hospital.
9. I authorize Leesville Animal Hospital to take photographs and video of my dog while participating in day camp play and I authorize the use of these photos in hospital marketing and on social media websites.
10. By signing this document, I acknowledge that I have read this Day Camp Release Agreement in its entirety and agree to the terms.

Client Printed Name: _____

Signature: _____

Date: _____