

Play-Care Agreement:

I understand that while Allphin Veterinary Clinic agrees to exercise reasonable care to ensure the safety of my pet, unexpected events involving harm, damage or death may occur. I hereby release Allphin Veterinary Clinic personnel and volunteers of any liability whatsoever.

*

Agree _____

I expressly agree that Allphin Veterinary Clinic's liability shall in no event exceed the lesser of the current chattel value of a pet of the same breed, or the sum of \$200 per pet.

*

Agree _____

I hereby affirm that I have accurately represented my pet's behavioral and medical history in my enrollment application. I understand I have an ongoing responsibility to notify Allphin Veterinary Clinic if there is any change in the information provided by me in the enrollment application. I also agree to provide updated shot records every 6 months (if Allphin Veterinary Clinic is not my vet of choice).

*

Agree _____

Should my pet become ill or injured, I authorize Allphin Veterinary Clinic personnel, in their sole discretion, to administer aid and/or utilize care by an Allphin Veterinary Clinic veterinarian. I understand that attempts to contact me will be made within a reasonable time of such an event.

*

Agree _____

I understand that Allphin Veterinary Clinic reserves the right to deny admittance to any pet, at their discretion.

*

Agree _____

I understand that if my pet is left at Allphin Veterinary Clinic past the agreed upon length of stay without contact from me or my designated emergency contact persons, the dog may be considered abandoned, and necessary steps may be taken to turn my pet over to the proper authorities.

*

Agree _____

By my signature below, I acknowledge that my pet's vaccinations are current as defined by law, ordinance, and/or standard veterinary practice, including a vaccination for Bordetella and a negative fecal flotation report, and that my pet is currently spayed or neutered.

*

Agree

The following person(s) have permission to drop off or pick up my dog, in the event I am unable to do so in person.

Name: _____
First Last

Phone: () _____

Phone (Other): () _____

Name of Pet: _____

Pet Owner's Signature: _____ **Date:** _____

By typing your name you are providing your electronic signature.

