



Arlington Dog House, LLC

213 S. Arlington Heights Road 🐾 Arlington Heights, IL 60005
(847) 398-WOOF (9663) www.arlingtondoghouse.com
Daycare 🐾 Grooming 🐾 Boarding... All Under One Woof!

VETERINARY RELEASE AGREEMENT

Dogs Name(s) (Please print) _____

Owner Names(s) (Please print) _____

Client Agreement and Release of Liability

I, the undersigned Dog Owner, agree that in the event that any of my dogs appears to be ill, injured or at significant risk of experiencing a medical problem at the start of service or while in the care of Arlington Dog House, LLC, hereafter referred to as ADH, to seek veterinary care. Any reference to ADH shall include the officers, employees and authorized agents or contractors of ADH.

I authorize ADH to seek veterinary service from a veterinarian or a veterinary care provider if ADH deems it necessary for any of my dogs in the care of ADH. My preferred veterinary care provider is:

Vet Name _____

Vet Telephone Number _____

Vet Address _____

Other veterinarians or emergency care providers chosen by ADH are acceptable.

I hereby request that ADH inform the veterinarian or veterinary service provider that I request a total diagnosis and treatment limit of \$_____. I understand that efforts will be made to contact me regarding any treatments, illness, injury, or potential problems as soon as the condition is deemed not life threatening and/or contact is possible. I agree to hold ADH harmless from any liability arising from the treatment and care provided by veterinarian, veterinary care providers and the employees and agents of same.

I agree that ADH shall not assume any responsibility for the payment for any of veterinary services rendered, which may include but are not limited to diagnosis, treatment, grooming, medical supplies, and boarding. I also agree that I shall assume full responsibility for any such services and that I will reimburse ADH for any payments for services made on my behalf. I further agree to assume full responsibility for all special service fees assessed by ADH for emergency transportation, care, supervision, or hiring of emergency caregivers, and I will pay such fees within 14 days of any such incident.

I authorize ADH and my primary veterinarian(s) to release the medical records of any or all of my dogs to veterinary care providers in an emergency as necessary to provide the best care for my ill or injured dog.

This release agreement shall remain in full force and effect from the date below and for all visits to the ADH. I agree that no additional authorization shall be required of ADH to secure the services set herein while my dog is in the care of ADH. By signing this contract, I am representing to ADH that I have the sole authority to make health, medical, and financial decisions regarding the dogs I have delivered to ADH's care.

I hereby declare to ADH that I am the legal owner of my dog; that my dog has not been exposed to distemper, rabies, or parvovirus within the past thirty (30) days that my dog has been inoculated as indicated by records which have been presented to ADH.

By signing below, I acknowledge that I have read this Daycare, Grooming and Boarding Agreement in its entirety and agree to the terms.

DOG OWNER(S) SIGNATURE(S)

DATE

ADH SIGNATURE

DATE