



Firehall 4 Animal Hospital
815 Hawthorne Ave
Athens, Georgia 30606
(706) 583-9191

Release Form for Group Play

Client Name: _____

Dog Name: _____

Breed: _____

Age: _____

Color: _____

Sex: _____

Agreement to Hold Harmless, Waiver, and Assumption of Risk

I want my dog to receive playtime with other dogs at Firehall 4 Animal Hospital. My dog is well socialized with other dogs. My dog will not attack or bite another dog.

I understand that this is not without risk to my dog, because some dogs may bite or injure each other while playing. Puppies and adult dogs sometimes play rough, and in this case will sometimes leave teeth marks or scratches on the ears, belly, etc.

I hereby waive and release Firehall 4 Animal Hospital and its employees, from any and all liability of any nature, for any injury or damage which my dog may suffer, including specifically, but not without limitation to, any injury or damage resulting from the action of any dog and I expressly assume the risk of such damage or injury.

In consideration of and as inducement to the acceptance of my application for my dog's participation in group play with other dogs at Firehall 4 Animal Hospital and its employees from any and all claims.

I hereby declare that my dog, <animal>, is current on all vaccinations. If any are past due, I authorize Firehall 4 Animal Hospital to administer any of the necessary vaccinations. Vaccinations required for group play are as follow: Canine Distemper/ Parvo Virus (current within a year), Rabies (accept 1 or 3 year), and Bordetella (within the last 6 months). All puppies are required to have a least two (2) rounds of vaccinations.

Signature of Owner or Authorized Agent:

_____ Date: _____

Emergency Number: _____