



# Animal Medical Hospital Day Camp Release Form

<b>Patient ID:</b>	
<b>Patient Name:</b>	
<b>Species:</b>	
<b>Breed:</b>	
<b>Sex:</b>	
<b>Color:</b>	

<b>Client ID:</b>	
<b>Client Name:</b>	

## Day Camp Requirements

I, \_\_\_\_\_, hereby certify that my dog \_\_\_\_\_ is in good health, on monthly flea prevention (12 months a year) and has not been ill with any communicable condition in the last 30 days. I further certify that my dog has not harmed or shown aggressive or threatening behavior towards any person or any other dog.

I have read and understood the following:

\_\_\_\_\_ 1. I understand that I am solely responsible for any harm or damage caused by my dog to persons or property of the Owners, employees, licensees, invitees of Camp AMH, or any other pets housed or visiting Camp AMH while my dog is attending Camp AMH Day Camp.

\_\_\_\_\_ 2. I further understand and agree that in admitting my dog to the camp, Camp AMH's staff have relied on my representation that my dog is in good health and have not harmed or shown aggressive or threatening behavior towards any person or any other dog.

\_\_\_\_\_ 3. I further understand and agree that Camp AMH, and their staff, will not be liable for any problems which develop, provided reasonable care and precautions are followed, and I hereby release and discharge them of any and all damages, liability and/or causes of action of any kind of accident, damage or injury whatsoever arising from my dog attendance and participation at the camp.

\_\_\_\_\_ 4. I further understand, consent and agree that in the event of non-life threatening situations, we will make every attempt to contact you prior to treating your pet. If there is a life threatening emergency we will treat your pet first and then contact you. I agree to assume full financial responsibility for any and all expenses involved in such treatment.

\_\_\_\_\_ 5. I recognize that there are inherent risks of illness or injury when dealing with animals. Such risks include, but are not limited to, problems resulting from rough play and canine cough (doggie colds).

\_\_\_\_\_ 6. I am aware that my dog will co-mingle with dogs owned by different owners while staying at Camp AMH.

\_\_\_\_\_ 7. I further understand that any personal items (collar, leash, bedding or toys) **cannot** be left with my dog during their Day Camp stay. Camp AMH provides collars, leashes, bedding and toys. Any items left, will be considered a donation and will not be returned.

\_\_\_\_\_ 8. I agree to allow Animal Medical Hospital the right to photograph my dog for use in promotional materials including, but not limited to, Facebook, Instagram, Google+, Twitter; www.animalmedical.com; any AMH blog or any other media appearances.

\_\_\_\_\_ 9. I understand that a **\$30.00 late fee (per pet)** will be charged, if pets are dropped off or picked up outside of the 7am -8pm window. (Or after the Pet Resort closes on holidays)

\_\_\_\_\_ 10. I understand that if my dog requires medications while they are here with us, there is an additional fee for each day that a technician administers medication.

I hereby certify that I have read and fully understand this authorization for Day Camp as set forth and that I have read, understood and agree with the conditions and statements of this agreement. I assume financial responsibility for all charges incurred to the above named pet(s) and agree to pay all such charges at the completion of this visit. I further understand that in the event of an emergency or illness my pet(s) will receive treatment at my cost, regardless of outcome, and that the veterinarian will contact me as soon as possible.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_ I approve \$ \_\_\_\_\_ of funds as the maximum towards the cost of my pet's medical care in case of an emergency until I can be reached.

**FOR OFFICE USE ONLY:** Employee Signature: \_\_\_\_\_