



The K-9 Clinic

Owner:

Dog:

Boarding and K-9 Clinic Camp Release of Liability

I hereby agree to let The K-9 Clinic Inc. board and train my dog. I give my permission to The K-9 Clinic Inc. to have my dog medically treated in the event that he/she needs medical attention while boarding and participating in dog-related events. I agree and understand that The K-9 Clinic Inc. and Cara and Lance Stackhouse as individuals will not be held liable or responsible for any harm, damage or injury caused to my dog while participating in boarding or training or any events. I will assume all liability and damage caused by my dog while at The K-9 Clinic.

- "I have read, understand and agree to the above terms of this "Release of Liability Waiver".

Emergency Contact: _____ Emergency # _____

Vet: _____ Vet #: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Print Name

Signature

Date



The K-9 Clinic

Owner:

Dog:

Dates of Boarding:

From Off Date _____ To _____

Date of last Bordetella Vaccination: _____

Feeding Instructions: _____

Medicine instructions: _____