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[www.gunbarrelvet.com](http://www.gunbarrelvet.com)

## Doggie Daycare Release Form

I hereby certify that I am the guardian of \_\_\_\_\_, the dog that will participate in Doggie Daycare.

I hereby certify that my dog, \_\_\_\_\_, has never bitten or displayed aggression towards other dogs or towards people.

1. I understand that other dogs will attend Doggie Daycare and that, during the course of participation, my dog may come into direct contact with all other participating dogs of all breeds. \_\_\_\_\_
2. I hereby certify that the above named dog has been fully vaccinated for canine distemper, canine parvo virus, canine hepatitis, canine parainfluenza (DHPP) as well as bordetella (kennel cough) every six months, and rabies. The requirements to participate in Doggie Daycare are as follows: DHPP within the last 3 years for adults, 1 year for puppies; bordetella within the last six months, and rabies in accordance with local laws. I am aware that my dog may be exposed to those infectious diseases described above. However, since Gunbarrel Veterinary Hospital has advised me that my dog should be fully vaccinated against these diseases before attending Doggie Daycare, I alone assume responsibility for any such exposure. I also acknowledge that in addition to the diseases described above, my dog may be exposed to other infectious diseases. However, in order for my dog to participate in Doggie Daycare, I alone assume the responsibility of such exposure to all other infectious canine diseases. \_\_\_\_\_
3. I am aware that given the sometimes unpredictable nature of dogs, an interaction could occur between animals at the daycare which may result in injury to my dog, to other dogs, or to other people. I alone assume responsibility for any such injury. \_\_\_\_\_
4. As to Gunbarrel Veterinary Hospital and it's employees, I hereby waive and release any actions, causes of actions, damages, rights, claims or lawsuits which I may have for (a) any and all personal injury or property damage which may be sustained arising out of any interaction between dogs participating in Doggie Daycare; and (b) any and all injury, illness or disease sustained by my dog arising out of, or stemming from, its participation in Doggie Daycare. \_\_\_\_\_
5. On occasion a pet may become ill with minor conditions such as vomiting or diarrhea. We will do our best to contact you at the numbers provided. If we are unable to reach you, we will examine and treat the condition as needed for the health and comfort of your pet. Additional costs will apply. \_\_\_\_\_
6. In the unfortunate event of the death of your pet while in daycare we will hold your pet until body care instructions are provided to us. \_\_\_\_\_
7. I have read and understand this release form and I will honor and abide by the terms and conditions set forth above.

Date: \_\_\_\_\_ Dog's Name: \_\_\_\_\_

Printed Name of Dog Owner: \_\_\_\_\_

Signature of Dog owner: \_\_\_\_\_