

***Veterinary Release***

**VETERINARIAN**

**Hospital and Vet’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To the Hospital:**

**CJ’S CANINE COUNTRY CLUB** has been contracted to care for my pet\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

And has my permission to place them in your care in case of emergency. One of CJ’s Managers will attempt to contact me as soon as medical care is deemed necessary. However, in the event I cannot be reached immediately, I authorize you to treat my pet and will be responsible for payment of any fees as stated below.

Pet Owner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I agree that the nearest animal hospital or emergency clinic will be used in the case of emergency. (Blanchard Valley Veterinary Clinic or the VCA)
2. I give permission to **CJ’S CANINE COUNTRY CLUB** to approve treatment up to $\_\_\_\_\_\_\_\_\_. (\_\_\_\_\_\_\_initial), Incase you cannot contact me or my emergency contact listed on my contract with CJ’S.
3. I understand **CJ’S CANINE COUNTRY CLUB** assumes no responsibility for the loss of any pet and is released from all liability related to treatment. I also agree to be responsible for all special services assessed by **CJ’S CANINE COUNTRY CLUB** for emergency transportation, care, or supervision and will pay such fees when I return to pick up my pet.
4. Other conditions, if any:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My pet has the following health issue(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This consent for treatment has no expiration date and grants permission for future veterinary care without the need for additional authorization each time **CJ’S CANINE COUNTRY CLUB** cares for my pet unless otherwise noted. PRINT 2 COPIES OF THIS FORM (one for vet to have on file and one for CJ’S records)

Client Date



Owner Certification of Health and Temperament

Name(s) of Dog(s) Description and Breed of Dog(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. I understand that I am solely responsible for any harm or damage caused by my dog(s) while he/she is at CJ’s Canine Country Club (“CJ’s”)
2. I understand and agree that in admitting my dog(s), CJ’s Canine Country Club has relied on my representation that my dog(s) is/are in good health and have not harmed or shown aggression or threatened behavior towards any person or any other dog.
3. I understand and agree that CJ’s Canine Country Club and their staff will not be liable for any problems that develop provided reasonable care and precautions are followed, and I hereby release them if any liability of any kind whatsoever.
4. I understand and agree that any problems that develop with my dog(s) will be treated as deemed best by the staff of CJ’s Canine Country Club, in their sole discretion, and that I assume full financial responsibility for all expenses involved.
5. Attach a copy of vaccination certificate from veterinarian, including last heartworm and flea prevention purchases. Certificate must include veterinarian’s name, address, and phone number.
6. CJ’s Canine Country Club reserves the right to refuse admittance to any dog that does not meet the health and temperament requirements.

Please give a brief history, so we may better understand and care for your dog(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_(*Print name),* certify that I have read and understand the rules and regulations set forth in this agreement. I agree to abide by the rules and regulations and accept all the terms, conditions, and statements of this agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Owner Date*