

Charleston Dog House, LLC

Veterinary Release Form



Owner Name: _____

Home Address: _____ Zip: _____

Phone Number(s): (Cell) _____ (Home) _____ (Other) _____

Emergency Contact's Name and Number: _____

How did you find out about us? _____

Pet Name: _____

Breed: _____

Color(s): _____

Sex: (F) or (M) Spayed or Neutered? (Y) or (N)

Weight: _____ Age: _____

Medical Condition(s): _____

Ever bitten a dog or human? (Y) or (N)

(If Yes, please explain on the back of this page.)

Notes/Special Requests: _____

Pet Name: _____

Breed: _____

Color(s): _____

Sex: (F) or (M) Spayed or Neutered? (Y) or (N)

Weight: _____ Age: _____

Medical Condition(s): _____

Ever bitten a dog or human? (Y) or (N)

(If Yes, please explain on the back of this page.)

Notes/Special Requests: _____

During my absence, Charleston Dog House will be caring for my pet(s). In the event of an emergency, I authorize Hanahan Veterinary Clinic to administer necessary medical treatment.

I assume responsibility for all payments to Hanahan Veterinary Clinic/Veterinary Emergency Care upon my return.

I hereby authorize Charleston Dog House permission to transport my pet(s) in the event of a sickness, emergency, or natural disaster.

If emergency care is needed after regular office hours, my pet(s) may be taken to the nearest Veterinary Emergency Clinic/Hospital.

I agree that Charleston Dog House is released from all liability related to transportation to and from the veterinarian, and treatment for sickness or emergency.

This agreement will remain valid for all visits unless a new one is signed.

Name Printed

Client's Signature

Date



Charleston Dog House, LLC

Release Form & Hold Harmless Agreement

1. I/we understand and agree that in admitting my/our pet(s) to Charleston Dog House, the owner(s) of Charleston Dog House have relied on my/our representation that my pet(s) is/are in good health and has/have not harmed or shown aggression or threatening behavior toward any person or any other pet.
2. In agreement of being permitted to use the services and facilities of Charleston Dog House, LLC (Charleston Dog House), I/we, the undersigned owners(s), hereby release, waive, and discharge Charleston Dog House owner(s), staff, volunteers from all liability for any and all loss or damage, and any claim or damages resulting there from, on account of injury, loss, damage, infestation, or disease to my/our pet(s) even injury resulting in death while my/our pet(s) are under the care of Charleston Dog House.
3. I/we agree to indemnify Charleston Dog House, its owner, staff, and volunteers for any loss, liability, damage, or cost they may incur due to my/our presence or the presence of my/our pet(s) in or upon Charleston Dog House premises and while my/our pet(s) is/are under the care of Charleston Dog House.
4. I/we hereby assume full responsibility for any harm caused by my/our pet(s) while in or on the premises and while my/our pet(s) is/are under the care of Charleston Dog House. I/we further agree to indemnify Charleston Dog House, its owner, staff, and volunteers for any loss, liability, damage, or costs they may incur due to any harm caused by my/our pet(s).
5. I/we expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of South Carolina.
6. I/we agree that should a court determine that any provision waiving liability is deemed unenforceable, Charleston Dog House's liability shall be limited to the funds paid to it by me for taking care of my/our pet(s).
7. I/we further understand and agree that any injury or illness that develops with my/our pet(s) will be treated as deemed best by Charleston Dog House, and that I/we assume full financial responsibility for any and all expenses involved, even such expenses were later found to be unnecessary. Furthermore, should my/our pet(s) pass away during my/our absence, I/we direct that a veterinarian may be called to safe keep my/our pet(s) until our return.
8. I/we further understand and agree that should my/our pet(s) develop Bordetella Bronchiseptica (or any other strain of Canine Infectious Tracheobronchitis), I/we assume full financial responsibility for any and all expenses involved.
- 9.) I/we certify that I/we have read and understood the Agreement and Release and agree to accept all the terms and conditions and statements of this agreement.

Signature: _____ Date: _____

Printed Name: _____

Charleston Dog House Dog Daycare Agreement



Charleston Dog House takes dog safety very seriously and it is important for us to set dog daycare requirements and expectations.

I understand and agree that in admitting my dog(s) to the Daycare, Charleston Dog House has relied on my representation that my dog(s) is in good health and has not harmed or shown aggressive or threatening behavior towards any other dog.

I further understand that if my dog(s) shows any signs of aggression towards other dogs that their acceptance into daycare will be reevaluated.

I understand that my dog(s) will be playing in open areas with other dogs and accept that when dogs play in groups, they will get dirty, smelly, and nicks and scratches may occur.

I further understand that should my dog(s) need to be treated for any illness or injury resulting from socialized play at Charleston Dog House, my dog(s) will be treated as deemed by Charleston Dog House staff at their sole discretion. I accept full financial responsibility for any and all veterinary expenses involved if I or Charleston Dog House decides to obtain medical treatment.

By signing below, I am acknowledging that I understand and agree to the requirements listed above, and that I may opt out of Daycare at any time.

Signature

Date

Printed Name