

# Cozy Canine Waiver and Release Form New Customers

I, \_\_\_\_\_, hereby certify that my dog(s),  
\_\_\_\_\_ is/are in good health  
and has not been ill with any communicable diseases within the last 60 days.

I understand and agree that Cozy Canine and their staff and emergency veterinarian (if needed) will not be liable for any problems which develop provided reasonable care and precautions are followed; and I hereby release them of liability of any kind arising from my dog's attendance and participation at Cozy Canine.

I further understand and agree that any problems which develop with my dog will be treated as deemed best by the staff and emergency veterinarian of Cozy Canine at their sole discretion and that I assume full financial responsibility for any and all expenses involved.

Credit Card Information for Emergency Medical Care: Card Type \_\_\_\_\_  
Number \_\_\_\_\_ Exp.Date: \_\_\_\_\_

Please let us know if you would like your dog(s) to participate in supervised play time with other dogs.  
Initial one option per pet:

PET NAME	Yes, I do give consent to socialize	No, I do not give consent

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Drop Off Date \_\_\_\_\_ Time \_\_\_\_\_

Pick up Date \_\_\_\_\_ Time \_\_\_\_\_

Payment is due in full at drop off, cash or check, no credit cards please.