

Veterinarian Release

Name	
Address	
Dog Name	
Phone	
Vet	
Allergies	

I _____ Give Compass K-9
Permission to seek medical treatment on behalf
of _____ should the need arise. I
understand that I am responsible for all costs
related to the Veterinarian visit. I also understand
that I will be contacted at the soonest possible
reasonable moment.

Signature

Date

Compass K-9

Release form and Client info.

Owner Information:

Name:	
Address:	
Email:	
Phone:	

Co-Owner Information (if applicable):

Name:	
Address:	
Email:	
Phone:	

Training Dates and Program:

Dates:	
Program:	
Trainer Notes:	
Price:	

Pet Information:

Name:	
Vet Info:	
Breed:	
Age:	
Spay\Neuter:	
Aggressive:	
Allergies:	

Emergency Contact:

Name:	
Number:	

Please review our policies and then sign and date at the bottom:

I understand that there are inherent risks associated with training, boarding, socializing, walking and working with dogs in general. I assume any and all responsibility for myself and my dog(s) during training, boarding, walking and any other work with Compass K-9, assuming due diligence and care have been exercised. I will not hold Compass K-9, any affiliates or property owners responsible for any injuries or misfortunes (to or by me or my dog) while training, boarding, walking or any other work, should they occur. I further understand that due to the way that dogs interact with one another, cuts or scratches can occur to me or my dog, even though the dogs are carefully supervised. I also understand that my participation in any of these activities is not without risks such as tripping, falling, getting knocked down and jumped on, bitten, scratched, etc.

I also understand that in enrolling my dog(s) into any of Compass K-9's programs, that Compass K-9 has relied upon my representation that my dog(s) are in good health and have received the necessary vaccinations (or equivalent alternatives) as agreed upon by my veterinarian. If my dog becomes injured or ill, Compass K-9 shall have the right to call my veterinarian as designated on the Vet Form. In the event of an emergency and my designated veterinarian is unavailable, Compass K-9 has the right to take my dog(s) to the nearest animal hospital for immediate care. I agree to reimburse, in full, Compass K-9 for any medical expenses accrued while under the supervision of Compass K-9. Compass K-9 will not be held responsible for any decisions made by the veterinarian on the dog's behalf.

I hereby release and agree to save and hold harmless, Compass K-9, any affiliates or property owners from any and all liability, claims, suits, actions, loss, injury or damage of any nature or kind, or for any liability, claims, suits, actions, loss, injury or damage which I or my dog(s) may sustain or which may be caused in any way by my dog(s). I specifically, without limitation, agree to fully indemnify Compass K-9 any affiliates or property owners for any and all such liability, claims, suits, actions, losses, injury or damage. I understand that I am solely financially responsible for any damage or harm caused by my dog during training, boarding, socializing, or walking.

I take it upon myself to ask questions and use my own common sense. I understand that I do not have to do anything or allow anything to be done that I do not feel comfortable with.

I certify that I have read and understand the rules and regulations set forth herein and that I have read and understand this agreement. I agree to abide by the rules and regulations and accept all the terms, conditions and statements of this agreement and confirm the truthfulness of the contents of this release form completed by me.

Some programs are not appropriate for all dogs. Compass K-9 reserves the right to remove or refuse a dog from any of the Compass K-9 programs. I further understand that the success of any training is not guaranteed. Training requires continuous work and reinforcement. Your trainer can only take you so far. You understand that you must continue the lessons outside of training to be successful.

I have read and understand the above policies

Signature

Date

Medical Information

Please include allergies, meds taken, special diets and any info you feel is important.

[illegible]

Feeding list

[illegible]

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Belongings List

[illegible]