

Permissions

Vet Permission (please enter dogs own veterinary details)

Name of practice:

Address of practice:

Phone:

Known medical conditions and any allergies _____

I (your name), _____, The Peak Dog Retreat permission to transport my dog(s) to a chosen Veterinary Practice should they feel veterinary care is required. If out of hours emergency care is needed, my pet(s) may be taken to your registered vet, if they are not available then they will be taken to the nearest veterinarian providing this service.

I agree that The Peak Dog Retreat is released from all liability and is to be held harmless in relation to such transportation and treatment. All medical information must be made available from your vet. I give permission to The Peak Dog Retreat to approve treatment should either myself or my emergency contact be unreachable, I agree to be responsible for all charges upon my return including, but not limited to, vet fees, extra visit fees and transportation fees should the diagnosis be related to an ongoing condition or long term illness not caused as a direct result of my dogs stay at The Peak Dog Retreat. This release will remain valid for all current and future visits unless a new release is signed or if said release is terminated in writing by either party.

Sharing Permissions

- I agree that my dog(s) can sleep together at night in the same room.
- I agree that my dog(s) can share walks with other dogs under the care of The Peak Dog Retreat
- I agree my dog(s) can have supervised play time in the play paddock with other dogs from different households
- I give permission to the posting of pictures and videos of my dog(s) on social media and affiliate website
- I give permission for my dog(s) to be bathed or brushed as a member of The Peak Dog Retreat see fit.

By signing this form, I am agreeing that all of the above information which I have detailed on the Client Details Form and the Permissions Form is correct. Any changes I, as the owner, need to make will be notified for future bookings.

Client's name:

Client's Signature:

Date:

