



Group Play Waiver and Release Form

In exchange for participation in group play offered by Deer Creek Animal Hospital provided to animals already participating in Daycare, Deluxe and Premium Boarding, I agree to/acknowledge the following:

1. Deer Creek Animal Hospital maintains a portion of its staff for the expressed purpose of playtime supervision. Even with direct staff supervision, there is always the possibility of injury when multiple dogs are involved in a group play situation.
2. In order to participate in group play, all clients must provide proof that their animals are fully vaccinated, for the safety and well-being of all the animals. If the vaccinations were performed by Deer Creek Animal Hospital, then record of vaccinations will already be on file. Otherwise copies of vaccinations must be provided.
3. All animals 6 months or older must be spayed or neutered in order to participate in group play. If an animal is not altered, it is at the kennel staffs' discretion to let them participate in group play.
4. Deer Creek Animal Hospital provides a complimentary wellness check when animals are boarded for the first time to ensure that they are healthy. Only those who are healthy can participate in group play, for the safety of all the animals.
5. In the event that a situation arises, Deer Creek will attempt to contact the client, and keep them apprised of the situation. Deer Creek Animal Hospital, if unable to reach the client, will leave a voicemail message. This is why it is absolutely important clients leave us with any and all possible phone numbers.
6. We require all dogs that participate in group play to be fully vaccinated. Although, we test regularly and keep a close eye out for symptoms, there is still the possibility for dogs to spread common intestinal parasites between each other such as Giardia and Coccidia.
7. I agree to all liabilities with regard to my animal(s), including the cost of medical treatment/services rendered by the staff for necessary medical health.

By signing below, I acknowledge that I have read and understand this waiver and release form, and agree to all terms therein. I also understand I may be required to pay for any medical fees related to my animal while participating in group play.

Client Name _____

Patient Name _____

Signature _____

Date _____