



Paws for Play Consent Form

Owner Name: _____

Pet's Name: _____

Address: _____

E-Mail: _____

Phone Number: _____

Emergency Contact (Other than Owner): _____

Emergency Contact Phone: _____

I understand and accept Wilkes County Veterinary Services Paws for Play policies. I also understand the inherent risk of allowing my dog to engage in off-leash play with other dogs. I hereby release Wilkes County Veterinary Services, it's agents, officers, subcontractors, employees, animal owners, customers and potential customers of Wilkes County Veterinary Services from any and all liability for injuries to myself, my pets, or my property. I understand that there are certain risks involved with off-leash group play including but not limited to fights, bites, and the transmission of disease. By my signature below, I acknowledge and accept responsibility for these and all other risks and release Wilkes County Veterinary Services from any injuries that might occur, no matter the cause. This agreement lasts the entire relationship and covers all pets entrusted in our care.

Name of Owner: _____

Signature of Owner: _____ Date: _____