Animal Medical Center of Cumming, Inc.

Daycare Release

Client's Name: _____ Pet's Name: _____

(Office use: Client # _____)

- ☐ TLC Package: Dogs will receive group play/socialization time twice a day for a fee of $22.00 a dog per day. Cats will receive individual time with staff members as well as play time on the cat tree. Medications, if needed, will be given at no additional cost.
    - Additional details:
      The purpose of *Group Play* offered in our *TLC Package* is to provide a safe, fun and stimulating social environment for our lodging dogs. Dogs will be able to exercise during action packed sessions where they will learn social skills and have personal interaction with trained team members as well as other dogs. This type of play will also provide an often much-needed outlet for high-energy dogs. If your dog doesn't socialize well with other dogs, one-on-one time will be offered instead with all of the aforementioned benefits. Activities will vary, but rest assured that your dog will be under constant supervision by our trained staff. We understand that not all dogs play the same, so dogs will be let out in groups no larger than 8. Size, breed, age and demeanor will all be determining factors when placing them within the appropriate group.

Animal Medical Center of Cumming Group Play Release Form

Is your dog a fence climber, digger or escape artist? Yes ☐ No ☐

My dog is currently heartworm negative and on flea prevention.

I certify that I have fully disclosed any situations where my dog may have shown any type of aggressive behavior.

I understand that participation in group play and allowing the freedom of dogs to interact is not without risk. Dogs are not always predictable, and the unexpected may occur. If my dog does show aggressive tendencies and/or does not socialize well with other dogs, I understand that no more group play will be allowed. I hereby waive and release Animal Medical Center of Cumming (AMC) and its staff from any and all claims while on the premises. I release AMC of any liability and assume all risks of any kind whatsoever arising from my dog's attendance and participation in group play. If my dog causes injury to another dog or to a person while at AMC, I agree to indemnify and hold blameless AMC from any claims which may be made against it.

I further understand and agree that any problems which may develop with my dog will be treated as deemed best by the veterinarians and staff at AMC and that I assume full financial responsibility for any expenses involved.

- ☐ I have read and agree to all the terms listed above.

Animal Medical Center of Cumming Release Form

I hereby authorize AMC, its employees, representatives or agents to receive, care for, vaccinate, prescribe for, medicate, test, and/or bathe my animals as they deem necessary for the health, safety or well-being of my pet.

I understand that all reasonable precautions against injury, escape or death of my pet will be used. In the absence of gross negligence, I thoroughly understand that I assume certain risks and will not hold AMC, its employees, representatives or agents liable or responsible in any manner or circumstances for these risks.

Lastly, I understand that all responsibility for payment for services provided in this office for my pet is mine, due and payable at the time services are rendered.

- ☐ I have read and agree to all the terms listed above.

Signature of Owner/Representative:_____Date: _____