PLAYTIME RELEASE FORM

As the owner of my pet, I understand that Little River Animal Hospital (LRAH) will exercise due care to protect the health and safety of my dog while in their care, and in the event my dog becomes ill or injured, I have given permission for those in charge to take whatever steps are necessary to obtain medical treatment for my dog. I agree to pay al charges incurred. I consent to any veterinarian being retained to render care for my dog. By entering my dog in this facility, I agree not to file legal charges against Little River Animal Hospital or their employees for any injury, death or loss of my dog. I hereby waive and release LRAH from any and all liability of any nature for any injury, death or loss of my dog resulting from LRAH's actions or from the action of my dog, or any other dog, while in the custody of, or on the grounds, or surrounding area of LRAH. In the event of injury, I, the undersigned, understand that I am solely responsible for any harm caused by my pet to any person at LRAH. I alone assume responsibility for any such injury. I further understand and agree that LRAH and their staff will not be liable for any problems that develop provided reasonable care and precautions are followed, and I hereby release them of any liability of any kind whatsoever arising from my dog's attendance and participation in playtime activities. I further understand and agree that any problem that develops with my dog will be treated as deemed best by the staff of LRAH, in their sole discretion, and that I assume full financial responsibility for any and all expenses involved. LRAH reserves the right to refuse admittance to any dog that does not meet the health and temperament requirements. As to LRAH and its employees, I hereby waive and release any actions, causes of actions, damages, rights, claims or lawsuits which I may have for: (a) any and all personal injury or property damage which may be sustained arising out of any interaction while participating in Playtime; and (b) any and all injury, illness or disease sustained by my dog arising out of or stemming from its participation in Playtime.

Name of Pet:_____

Dates for Playtime:_____

Number of Playtimes Per Day: 1 2 3 $13 Per playtime per pet

I HAVE READ ALL OF THE ABOVE AND AGREE TO ALL TERMS:

Owner: _____

Date: _____