



120 Dillard Road, Madison Heights, VA 24572
434-218-7070

Off Leash Play/ Doggie Daycare Consent Form

I agree that I will be financially responsible for the medical treatment of injuries sustained by my pet(s), as well as other pets injured if my dog initiated the aggression. The staff and doctor(s) of Oak Hill will make the determination as to which pet initiated the aggression.

Oak Hill Veterinary Care and Pet Resort will make every effort to properly screen pets allowing them into group play but cannot be held responsible for injuries sustained. I understand that with multiple pets in a group play environment that situations may arise that could lead to illness or injury.

I release Oak Hill Veterinary Care and Pet Resort and their employees from any liability arising out of or related to injury, including death that may be sustained during group play.

There will be "ZERO TOLERANCE" regarding aggression at our resort in order to maintain a safe environment for all dogs. If a dog displays aggression towards another dog, the dog will be immediately removed from the play group environment. It is Oak Hills right to determine if the dog is compatible for group play and will notify the Owner if the dog is removed for any reason. Preventing any aggressive incident is our number one goal.

I understand that all dogs must stay current with vaccinations (DHPP, Bordetella, Rabies), have a negative fecal test and be spayed or neutered if over 6 months of age. I give Oak Hill my permission to properly vaccinate and treat for internal or external parasites as needed. YOU MUST SHOW PROOF of current vaccination through a licensed veterinarian or your pet will be vaccinated as required.

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

I am accepting the risks associated with group play and agree to the terms every time my pet enters group play.

Phone number where you can be reached in case of emergency: _____

Printed Name: _____

Signature: _____ (owner or agent)

Date: _____



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Off Leash Play/ Doggie Daycare Health Record

Pet Name:

Owner Name:

Date:

FOR OFFICE USE:		Date last Administered or Tested:
DHP/ DAP (Distemper, Hepatitis/ Adeno, Parvo)	Vet Office given:	
Bordetella	Nasal, Injection or Oral	
Rabies	1 year or 3 year	
Fecal test	Negative or Positive (if positive will need treatment and follow up negative fecal)	
If over six months then must be fixed	Spayed or Neutered	
Flea and Tick preventative	Type used:	

Any Feeding guidelines or allergies while pet is in resort?

Any current medications pet is taking?

Any medical issue that staff should be aware of?

All harnesses, leashes and collars should be taken back home with the owner and not left on premises. We are not responsible for lost or misplaced items left in the resort.

Signature: _____