

Welcome to Country Hills Pet Hospital Dog Park Community!

Dog Park Release Form

I understand that it is required that my dog is up to date on the DHLPP, bordetella, and rabies vaccinations (Initial) _____

I understand that it is required that my dog has had a negative fecal check with-in the past year (Initial) _____

I understand that Country Hills Pet Hospital is not liable for any injuries, disease or parasites that my dog may develop (Initial) _____

I understand that Country Hills Pet Hospital has the right to close the dog park for any reason (maintenance, weather, ect.) (Initial) _____

I understand that Country Hills Pet Hospital has the right to ask me to leave if my dog is aggressive or causing other damages (Initial) _____

I have read and understand the above statements and any questions have been answered to my satisfaction by a staff member. I am the owner of the pet (s) listed and authorize Country Hills Pet Hospital to use this information as needed for the use of the Dog Park Community.

Owner Printed Name: _____

Signature of Owner: _____

Pet Names _____ Date Signed: _____

Our goal is to ensure a fun but safe environment for all pets. Please stop in the clinic during normal business hours or put this signed waiver into the drop box during non-business hours. Thank you!