

**Freed Veterinary Hospital**

**1250 N. King St.**

**Hampton, Va 23669**

**757-723-6049**

**Leash Waiver**

I, \_\_\_\_\_, request that my pet, \_\_\_\_\_, be exercised and

(print-Owner name)

(Pet's name)

Given bathroom privileges "off leash" whenever my pet is taken outside. I do hereby release Freed Veterinary Hospital and any of its employees or agents from any responsibility and liability in the event that my pet suffers harm while off leash. This includes, but is not limited to escape, loss of pet, injury or death. I also agree to pay any expenses incurred treating my pet should any incident occur while off leash.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PHONE NUMBER AND CONTACT PERON IN THE EVENT OF ANY EMERGENCY:

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