

VETERINARY CARE CENTER OF
RICHMOND
Liability Release Form

Guest Name:

Client Name:

Please acknowledge the following policy statements by initialing in the space provided and signing on the bottom of the page in the designated area

_____ For myself, my heirs and any assigns, I hereby release Veterinary Care Center of Richmond, it's agents, officers, subcontractors, employees, animal owners, customers, and potential customers, or Veterinary Care Center of Richmond from any and all liabilities, financial or otherwise, for injuries to myself, my dog, or any other property of mine which arise in any way from our services and/or products provided by or as a consequence of my association with Veterinary Care Center of Richmond with exception to gross negligence.

_____ In consideration of the services rendered to the Guest or Client by Veterinary Care Center of Richmond, the Guest or Client waives any and all claims, actions or demands of any nature, foreseen or unforeseen, that he/she may have now, or in the future, have against Veterinary Care Center of Richmond relating to care, control, health, and/or safety of the Guest or Client arising during transport, drop-off, and stay at the facilities at which the Guest is being cared for. This will remain binding for any situation with exception to gross negligence. This includes any medical situation arising from articles, clothing, treats, toys, and chews of any type that I, or my designated visitors, bring to the Veterinary Care Center of Richmond for my pet. The Veterinary Care Center of Richmond also reserves the right not to distribute to your pet any article, toy, treat, etc... that we feel may harm the pet in any manner, but that actual determination of harm cannot always be made, and therefore, we will attempt distribute any and all articles that owner, and their other authorized persons, deem safe for their pet.

_____ I, the Client understand that the Veterinary Care Center of Richmond reserves the right not to accept any pet at check-in if he/she appears to be sick, not up to date on vaccinations, or in any way appears to jeopardize the safety or health of other pets or people.

_____ I, the Client, agree to assume all liabilities and responsibilities, financial or otherwise, for the behavior and health of my pet. I the Client agree to hold Veterinary Care Center of Richmond harmless from any claims, actions, or demands, against Veterinary Care Center of Richmond arising during the pick-up, transport, drop-off, and stay at Veterinary Care Center of Richmond, with exception to gross negligence.

_____ I, the Client, authorize the Veterinary Care Center of Richmond to do whatever they deem necessary for the safety, health, and well being of my dog while under the care of Veterinary Care Center of Richmond. I understand that if my pet is in need of care, the Veterinary Care Center of Richmond will try to contact me. However, in the event that the Veterinary Care Center of Richmond cannot reach me, or one of my emergency contacts, this clause acts as authorization to pursue all medical attention that is needed at my own expense.

_____ I, the Client, understand that even though other pets are up to date on vaccinations, there is **NO GUARANTEE** against diseases. I understand that my pet may catch a "Kennel Cough" or "Upper Respiratory" just as if a child were to catch a cold by going to school/daycare. I understand that it is my responsibility to care for my pet and any charges that incur and not that of Veterinary Care Center of Richmond.

_____ I, the Client, understand that it is recommended to keep my pet on Frontline monthly to protect against fleas and ticks. I also understand that my pet and other pets can carry fleas and ticks into the kennel. I understand that if my pet is found to have fleas or ticks at check-in, that I am responsible for all charges incurred to treat my pet.

_____ I, the Client, understand that Checkout time is 12:00pm and if my pet is not picked up by 12:00 pm, I will be charged for another full day of boarding per pet. I also understand and agree that the Veterinary Care Center of Richmond will not release my pet from the facility until all charges have been paid.

_____ I, the Client, understand that the Veterinary Care Center of Richmond does charge a Holiday Charge of \$10.00/day/per pet for the day before, day of, and the day after a Holiday. I have been made aware of the Holiday charges and do understand that I am responsible for these charges.

Client Signature

Date: _____ / _____ / _____

Client Name (Printed)

Date: _____ / _____ / _____

Witness Signature

