



JONES BRIDGE ANIMAL HOSPITAL
Gold Collar Academy & Resort

Furternity Release Form

_____ I hereby certify that my dog _____ is in good health, has been cleared by a veterinarian to participate in group play, and has not been exposed to any known communicable diseases within the last 30 days.

_____ I further certify that I have fully disclosed any situations where my dog may have shown any type of aggressive behavior.

_____ My dog is currently on heartworm and flea prevention as advised by the doctors at Jones Bridge Animal Hospital.

_____ I understand that the cost of participating in the Furternity is \$25/day unless a package was purchased:
5 day pkg: \$120 10 day pkg: \$220 20 day pkg: \$420

_____ If my dog has any known allergies, I take it upon myself to alert the Jones Bridge Animal Hospital staff:

Known Allergies _____

_____ If I would like my pet to have a meal throughout the course of the day, I will provide his/her food/treats in individual bags with his/her name printed on the bag.

_____ I understand that participation in socialization/group play is not without risk. Dogs are not always predictable and the unexpected may occur. I hereby waive Jones Bridge Animal Hospital and its staff from any liability of any kind arising from my dog's participation in the Furternity.

_____ I further understand and agree that any problems which may develop with my dog will be treated as deemed best by the veterinarians and staff at Jones Bridge Animal Hospital and that I assume full financial responsibility for any expenses involved.

_____ I understand that all reasonable precautions against injury, escape or death of my pet will be used. In the absence of gross negligence, I thoroughly understand that I assume certain risks and will not hold Jones Bridge Animal Hospital, its employees, representatives or agents liable or responsible in any manner or circumstances for these risks.

_____ I give permission to have my pet share an enclosure with another Furternity guest during rest periods from playtime.

_____ I give my permission for pictures of my pet to be used on the Jones Bridge Animal Hospital website and/or Facebook page for promotional purposes.

_____ Lastly, I understand that all responsibility of payment for services provided in this office for my pet is mine, due and payable at the time services are rendered.

I have read and agree to all the terms listed above.

Owner Signature _____

Date _____