

Countryside Veterinary Clinic

Dog Obedience Training Authorization



Client's Name _____ Dog's Name(s) a) _____ b) _____
Email address _____
Phone Number _____

Thank you for participating in our obedience classes here at Countryside! We are so happy we will have to opportunity to help you and your pet with the important first steps of good obedience and training. As with all training and obedience classes, the majority of the work is done at home and heavily relies on the practice time and commitment you must put in at home with your dog. We will do our very best to help you learn the right way to go about training so it is effective and long-lasting!

Please know that animal behavior can be unpredictable and participation in obedience training classes does not guarantee your pet's behavior now or in the future.

In order to establish a safe and healthy environment for all participants, this facility requires that all dogs attending obedience class have proof that appropriate vaccines have been administered and are current. Pets that are so young that they have not completed their entire series of inoculations may not yet be fully protected and, thus, owners of these dogs must accept any risks of infection.

I certify that my dog(s) have received the following vaccines and heartworm preventives. For each dog, please list the administration and expiration dates for the following vaccines:

Dog a) _____
Rabies: _____ DHPP: _____ Bordetella: _____

Dog b) _____
Rabies: _____ DHPP: _____ Bordetella: _____

Is/are your dog(s) on monthly heartworm preventives? ___ yes ___ no - Product Name: _____

I verify that the above named dog(s) are in good health and to my knowledge have not shown clinical signs of any communicable disease within the last 14 days. I further certify that neither dog has caused harm to nor shown aggressive or threatening behavior towards people or dogs. By initialing each section, I confirm that I have read and understand the following:

initials 1. I understand that attendance by my dog(s) at this program involves group play with other dogs. Although the staff at this facility will closely supervise all participants, I accept that play behavior, unknown or undocumented aggression, or participation in routine daily activities can lead to altercations or injuries. I assume the risks of and responsibility for the costs to treat any injuries my dog(s) sustains while playing and training at this facility. I further understand and accept that in the absence of negligence, the owners and staff will not be held liable for any injuries or deaths related to my dogs' participation in this program.

initials 2. In the event my dog(s) contracts a communicable disease during the time he/she is attending this program, I assume the risks and accept responsibility for the costs for all treatments. I also agree to withhold my dog(s) from this program until he/she has been free of any signs of communicable disease for at least 48 hours. Although risks of acquiring communicable disease are small, I accept them and, in the absence of negligence, agree to hold this facility harmless from expenses incurred for treatment.

initials 3. I understand and agree that if the need arises, emergency medical care for my pet will be sought from the most readily available veterinarian and veterinary facility and I agree to pay all reasonable costs for such treatment.

I understand that there are inherent risks associated with spending time in a veterinary practice and in a group training session with numerous dogs including: 1) animals biting or scratching humans, 2) slips and falls, 3) transmission of diseases from animals to people (zoonotic diseases), 4) allergies, and 5) other less common risks.

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Please be aware that Countryside Veterinary Clinic may be required by law to report injuries from animals and that doing so may require that the pet be quarantined by a public agency at the owner's expense.

I have read this consent and understand that some risks always exist when groups of dogs are allowed to intermingle. I accept these risks and the terms of this agreement and, in the absence of negligence, agree to hold this veterinary practice harmless for any injuries, illnesses or damage to personal property. I have been encouraged to discuss any concerns I have about those risks and have had my questions answered to my satisfaction.

Signature of Pet Owner

Date

Parent's consent if person is under 18 years of age

Date

Staff Signature

Date