



165 Nulf Drive  
Columbiana, OH 44408  
330-482-4596

Dog's Name \_\_\_\_\_

Veterinarian \_\_\_\_\_

Dog's Birthday \_\_\_\_\_

## Release of Liability

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

I agree to release A Place for Paws from all liability for damage to me, my dog or others due to my dog's participation in Doggy Daycare at A Place for Paws. To the best of my knowledge, my dog is in good health and we have taken all reasonable care and precautions to that end as advised by our veterinarian.

I also assign the right to A Place for Paws to provide my dog with veterinary treatment if needed while my dog is in the care of A Place for Paws. I understand that such treatment would be my financial responsibility.

Signed \_\_\_\_\_ Date \_\_\_\_\_



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