

Veterinarian Health Release

Guardian's name: _____
Cell phone: _____
Other phone: _____
Address: _____
Email address: _____

Dog's Name: _____
Breed: _____
Sex: _____
Date of Birth: _____

Vet Name: _____
Phone #: _____

Vaccination DUE Dates:

Rabies vaccine: _____
DHLPP (Distemper/Parvo): _____
Bordatella vaccine: _____
Spay/Neuter (Circle One): Yes or No

Health History

Is your pet in good health? _____
Allergies: _____
Injuries: _____
Illnesses: _____
Surgeries: _____
Additional Information (medications, dietary restrictions, etc):

I have verified with the above veterinarian that _____ has no evident health problems that would prevent him/her from participating in the daily Hill Country K9 Club/Julie Weiss playgroups. If any such health problem should arise, I will notify Hill Country K9 Club/Julie Weiss immediately and remove my dog from playgroups until my veterinarian deems him/her in suitable health. I agree to release Hill Country K9 Club/Julie Weiss from liability due to my negligence in reporting health problems and removing my dog from playgroups: I accept sole and complete responsibility if my dog's health condition endangers another dog and I have not informed Hill Country K9 Club/Julie Weiss.

I authorize K9 Club to verify current vaccination and health records with my veterinarian.

Dog Guardian/Client

Date

Hill CountryK9 Club

Date