



ALDERGROVE
Animal Hospital

Waiver Form for Swims

PLEASE READ ENTIRE DOCUMENT

BEFORE SIGNING!

Owner or Agent (Print): _____ Date: _____

Address: _____

Phone Number(s) While Pet with us: _____

Patient Name: _____ Breed: _____

Species: Canine Feline Sex: M MN F FS Color: _____

Consent to Swim in THE SPAW without prior examination by a veterinarian at the Aldergrove Animal Hospital.

I am the owner or agent of the animal described above.

I have authority to execute this consent and am over the age of 18.

I , the undersigned, do recognize that the animal described above has not been examined by a veterinarian at the Aldergrove Animal Hospital and as such there has been no established doctor/patient relationship. To the best of my knowledge the above described animal does not have any pre-existing conditions that may be adversely affected by swimming and exercise.

The nature and purpose of the procedure(s) has been explained to me and I understand that this swimming is for exercise and recreation and not for treatment of any disease or injury.

I hereby certify that I intend this document to be a complete release of any liability which might otherwise arise out of swimming or exercising in the pool and/or exercise room, and that the consequence of this release is fully apparent to me, and that I understand that I can have no claim upon, the hospital or any veterinarian or any qualified member of the hospital staff in the event of any damage to the animal by reason of any pre-existing or undiagnosed medical condition.

I have read and understand this consent.

Signature of Owner/Agent: _____

Date: _____ Witness: _____