



Walk Release Form For Boarding Animals

ACCOUNT:

ANIMAL'S NAME:

This is a form that will allow hospital personnel to take your dog(s) on leash walks outside of hospital grounds. The leash will be approved by the doctor before we walk. I understand that there may be some risk involved in allowing my dog(s) to be walked out of the secured hospital and fenced areas. I understand that APTOS-CREEKSIDE PET HOSPITAL will use all reasonable precautions against injury, escape, or death of my pet. I will hold APTOS-CREEKSIDE PET HOSPITAL harmless for any injury or consequences of this agreed activity.

I have received a copy of this release if requested.

Signature

Date