

Thank you for loving your puppy enough to sign up for Leesville Animal Hospital's Puppy Pre-School program! We are confident that you will find our training to be enjoyable as well as beneficial! Please help us give you the best training possible by making sure you:

- 1) Fill out this release form prior to class.
- 2) Bring this form & your vaccination verification to you first class.
- 3) Please read the enclosed **Puppy Pre-School** Packet.

Puppy Pre-School Release Form:

Owner's Name _____

Address _____

Dog's Name _____ Breed _____

Dog's Date of Birth ____/____/____

Phone (Day) _____ - _____ Phone (Evening) _____ - _____

I, _____, owner of the above-named pet attending Leesville Animal Hospital's **Puppy Pre-School** program, fully understand and agree that:

- 1) Leesville Animal Hospital shall not be liable for any injury or damage to any person or persons, animal or animals, or to any property, however caused, which results from the training or behavior of said pet, as well as from any negligence on the part of any other pet owner participating in the **Puppy Pre-School** program.
- 2) I will not hold Leesville Animal Hospital or its employees liable for any harm caused or against any damages. I further agree that Leesville Animal Hospital shall not be held liable for any costs, attorney's fees or expenses incurred in connection with any claim, action or proceeding occurring as a result of my pet's participation in this program.

My pet is current on all required vaccinations (Rabies, if 16weeks or older, Distemper and Bordatella). ____ Yes ____ No

I fully understand and agree to all the above terms.

Owner's Signature _____ Date _____