

**Authorization for Treatment and/or Medical Services
and
Release of Liability**

Owner Information

Name:	
Address:	
Telephone:	
Email:	

Pet Information

Name:	
Breed:	
Description:	

I hereby authorize K9 Kismet or their representative to transport my pet to and from any veterinary clinic for any treatment or medical service, excluding euthanasia.

I hereby waive and release K9 Kismet and any of their Board Members or volunteers of any liability from any injury, death, sickness or personal injury or property damage my dog may suffer while in her care. I also agree to defend, indemnify and hold harmless K9 Kismet and any of their Board Members or volunteers from any and all damages, losses, fines, claims, suits, expenses (including attorney fees and defense costs), judgments and or liabilities due to any and all forms of personal injury (including death) and property damage which my pet may cause, or be alleged to have caused, to any person, animal or property while in her care.

This Agreement shall survive the completion of any treatment or medical services my pet may receive while in the care of K9 Kismet and any of their Board Members or volunteers.

This agreement is an integrated agreement which supersedes any prior, contemporaneous, oral or written agreements. This authorization and release of liability may not be modified except through a written agreement signed by me and K9 Kismet representative.

By my signature below, I hereby state that I fully understand and agree to the above terms and conditions.

Signature:	
Date:	

