

**Benning Animal Hospital  
2047 Ft Benning Road  
Columbus, Ga. 31903  
(706) 689-6240**

<u>For Office Use Only</u>	
Client Number:	_____
Client Name:	_____
Patient Name:	_____
Patient Age:	_____
Date of Drop Off:	_____
Employee Initials:	_____

**STAY TO PLAY DAYCARE RELEASE**

**Pet's Name:** \_\_\_\_\_

I give consent for my pet to participate in the "STAY TO PLAY DAYCARE PROGRAM" – I understand that this program allows my pet(s) to play with other dogs under direct supervision of a Benning Animal Hospital (BAH) employee.

BAH will use all reasonable methods against injury, escape, or destruction of the animal(s) described above but will not be held liable or responsible in any circumstances on account of the care, treatment, or safe keeping of these animal(s) as it is thoroughly understood that I assume all risks.

Written notice will be mailed to the address below to remove the animal(s) that are not claimed. Ten days after such written notice the animal(s) will be considered abandoned and may be disposed of or destroyed as our doctors deem best, and it is understood that this does not relieve myself from paying all costs of services, hospitalization or costs included in keeping my pet (for boarding, observation, etc.)

If any internal or external parasites are found they will be treated at owner's expense.

All animals staying in the clinic for treatment must be current on vaccinations (rabies, distemper-parvo, and Bordetella).

I have read the above and agree:

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_