



VETS N TRAINING

Pets & Family
VETERINARY HOSPITAL

Registration Form

Parent/Guardian's Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

How did you hear about us?

I prefer to be contacted via: Home phone ___ Cell phone ___ Email ___ Mail ___

Child #1: _____ **Age:** _____

Child #2: _____ **Age:** _____

Child #3: _____ **Age:** _____

Pets in the home? If so, what kind and how many?

We are accepting donations towards future Vets N Training programs.



Waiver of Liability for Vets N Training

I, _____, (parent/guardian) understand that _____ (minor's names) participation in the above Activity or Event may be hazardous for the participant. These include but are not limited to animal bites or scratches, slips, falls, etc. I am having my child(ren) participate voluntarily, and that all risks have been made clear to me. Additionally, the minor does not any conditions that will increase their likelihood of experiencing injuries while engaging in this activity.

If so, please note conditions below:

I agree that the minor has my consent to participate in Vets in Training. _____ (Initials)

I also give my consent for Pets R Family Veterinary Hospital to seek emergency treatment for the minor if necessary, and I agree to accept financial responsibility for the costs related to this emergency treatment. By signing below I forfeit all right to bring a suit against Pets R Family Veterinary Hospital for any reason. I will also make every effort to have my child obey safety precautions as explained during orientation and the beginning of each Vets N Training session. I have the right to ask any and all questions regarding any ambiguity in this waiver and remove my child from the program if I no longer wish to participate.

I hereby declare and represent that in making, executing and tendering this Waiver of Liability for the Vets N Training Program and Pets R Family Veterinary Hospital, I fully understand and acknowledge by my signature, that I am relying wholly upon my own judgment, belief and knowledge of the circumstances involved the minor's participation in the above described programs, and I have read this Statement, understood its contents, and execute it of my own free will and choice. In signing below, I assume risk of harm or injury which may occur to the participant as a result of participating in Vets in Training. I hereby release Pets R Family Veterinary Hospital and its officers, employees, or agents from any liability, costs and damages resulting in this individual's participation.

Name of Participant(s): _____ Birth dates(s) : _____

Emergency Contact Name: _____ Phone: _____

Signature of Parent/Guardian: _____ Date: _____