



Permissions

Medication Permission (leave blank if no medication is prescribed, valid unless updated)

Type/ name of medication

Instructions/times for administering

Vet Permission (please enter dogs own veterinary details)

Name of practice:

Address of practice:

Phone:

Known medical conditions and any allergies _____

I (your name), _____, give Poppets Petcare permission to transport my dog(s) to a nominated registered vet, as chosen by Poppets Petcare, to administer medical treatment and will be responsible for payment upon my return. If out of hours emergency care is needed, my pet(s) may be taken to the nearest veterinarian providing this service. I agree that Poppets Petcare is released from all liability and is to be held harmless in relation to such transportation and treatment. All medical information must be made available from your vet. I give permission to Poppets Petcare to approve treatment, I agree to be responsible for all charges upon my return including, but not limited to, vet fees, extra visit fees and transportation fees. This release will remain valid for all current and future visits unless a new release is signed or if said release is terminated in writing by either party.

Sharing Permissions

I agree that my dog(s) can sleep together at night in the same room/crate

I agree that my dog(s) can share walks with other dogs under the care of Poppets Petcare

I agree my dog(s) can share unsupervised time inside (up to 3 hours if boarding overnight)

I agree my dog(s) can share a crate whilst being transported

I give permission to the posting of pictures and videos of my dog(s) on social media and affiliate website

Dog walking off-lead disclaimer

I agree that my dog(s) can be walked off lead in a safe and suitable environment away from roads and traffic

(I agree that I cannot hold Poppets Petcare responsible for loss or injury incurred (of/to my own dog or to another animal or person) as a result, unless they are shown to be negligent. No dogs will be allowed off lead if consent has not been given or if I feel the dog(s) are not responding to my commands, even where consent for off lead exercise had been granted by owners)

By signing this form, I am agreeing that all of the above information which I have detailed on the Client Details Form and the Permissions Form is correct. Any changes I, as the owner, need to make will be notified for future bookings.

Client's name:

Client's Signature:

Date: