

# A DOGS WORLD

## Veterinarian Information

**Veterinarian**

**Name:** \_\_\_\_\_

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

**Phone #** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Vaccinations:** PLEASE ATTACH COPY OF VACCINATIONS

**Rabies**

**Date:** \_\_\_\_\_ **Due:** \_\_\_\_\_

**DHLPP Date:** \_\_\_\_\_ **Due:** \_\_\_\_\_

**Bordetella (Kennel Cough)**

**Date:** \_\_\_\_\_ **Due:** \_\_\_\_\_

**Flea&Tick** \_\_\_\_\_

I certify that I am the owner or the agent of the owner of the aforementioned pet, and that I am authorized to sign this form. I authorize A Dogs World to contact my veterinarian in order to confirm health, temperament and vaccinations. I give consent to A Dogs World to act on my behalf by obtaining veterinary care at my expense, should A Dogs World deem it necessary. I release A Dogs World (and its agents and employees) from any liability or claim due to injury or death of my dog, unless A Dogs World has been negligent in the care of my dog. I understand that under no circumstances will A Dogs World be liable for consequential damages or damages beyond the replacement value of my dog.

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

**Date:** \_\_\_\_\_