



## **Day Camp Waiver**

Animal Medical Center  
204 W. 75<sup>th</sup> Street  
Kansas City, MO 64114  
816-333-9000

I understand that during group play (daycamp) with other dogs, injury, illness or death may occur. I willingly accept the risk and responsibility for the cost of treatment for any such injury or illness. In the event that my pet causes harm to another pet, I am responsible for the cost of treatment for injured pet(s) including my own pet. I further release, indemnify, and hold harmless Animal Medical Center, AMCP LLC, AMC Waldo LLC, its owners and employees from any and all claims arising from my pets conduct or any damages, illness, or injuries caused or sustained by my pet(s) or myself as a result of participating in group play.

In the event that injury, illness, or death occurs, a veterinarian will examine the pet. The veterinarian will call to discuss exam findings and the treatment plan. For further details regarding specifics of an occurrence, please speak with a kennel attendant.

This contract is validated by the signatures below in total and as approval for future services without additional written authorizations.

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

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

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_