



7515 Brooklyn Bridge Road  
Laurel, MD 20707  
Main: (301)575-5700

## Birthday Party Waiver

**Owner Name:**

\_\_\_\_\_

*First* *Last*

**Pet Name:**

\_\_\_\_\_

**Pet Details:**

\_\_\_\_\_

*Breed* *Age*

**Spayed/Neutered:**

\_\_\_\_\_

*Yes or No*

**Contact Details:**

\_\_\_\_\_

*Phone* *Email*

**Address:**

\_\_\_\_\_

*Street*

\_\_\_\_\_

*City & State* *Zip*

We will need to see proof of your pets Rabies, Distemper & Bordetella vaccinations as well as the results of a Negative Fecal. Please provide proof of these to [resort@rockygorgevet.com](mailto:resort@rockygorgevet.com) ahead of your pet's visit.

### Release of Liability

As the legal owner of the above named dog, I release and hold harmless Rocky Gorge Animal Hospital, its owners and staff from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, that may be sustained by the participant while in or upon the premises of Rocky Gorge Animal Hospital.

Video & Photo Waiver I give Rocky Gorge Animal Hospital my permission to display pictures and/or video of my pet for advertisement purposes (i.e. brochures, newspaper, website, social media, etc. – no names will be used).

**Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_