

ADELSHIRE TRAINING
MARIA J. ALLIO
2934 N.Y. 26 SOUTH
VESTAL, NEW YORK 13850
607-754-0536



Owner Information:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Emergency Contact _____ Phone _____

Dog Information:

Name _____ Breed _____

Sex (circle one) M or F Spayed/Neutered (circle one) Y or N Age _____

Vet Name _____

Vet Address _____

_____ Vet Phone _____

Current Medications (Attach Copies)

Vaccination/Preventative Medication Dates (Attach Copies)

While my dog(s) is/are in the care of **Maria J. Allio/Adelshire Training**, if I am unreachable in the event of an emergency, I hereby authorize **Maria J. Allio/Adelshire Training**, to seek immediate veterinary care and/or boarding for my dog(s). I understand that I am fiscally responsible for any and all charges that are incurred.

I hereby release and agree to save and hold harmless, **Maria J. Allio/Adelshire Training**, 2934 NY Rte. 26 South, Vestal, NY 13850, from any and all liability, claims, suits, actions, loss, injury or damage of any nature or kind, or for any liability, claims, suits, actions, loss, injury or damage which I or my dog(s) may sustain or which may be caused in any way by my dog(s). I specifically, without limitation, agree to fully indemnify **Maria J. Allio/Adelshire Training** for any and all such liability, claims, suits, actions, losses, injury or damage.

Signature of Owner _____ Date _____